CALIFORNIA AND WESTERN MEDICINE

OFFICIAL JOURNAL OF THE CALIFORNIA MEDICAL ASSOCIATION

VOL. 57 OCTOBER, 1942 NO. 4

California and Western Medicine

Owned and Published by the
CALIFORNIA MEDICAL ASSOCIATION
Four Fifty Sutter, Room 2004, San Francisco
Phone DOuglas 0062

Address editorial communications to Dr. George H. Kress as per address above. Address business and advertising communications to John Hunton.

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Roster of Editorial Board appears in this issue at beginning of California Medical Association department. (For page number see index below.)

Advertisements.—The Journal is published on the seventh of the month. Advertising copy must be received not later than the fifteenth of the month preceding issue. Advertising rates will be sent on request.

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Subscription prices, $5 ($6 for foreign countries); single copies, 50 cents.

Volumes begin with the first of January and the first of July. Subscriptions may commence at any time.

Change of Address.—Request for change of address should give both the old and the new address. No change in any address on the mailing list will be made until such change is requested by county secretaries or by the member concerned.

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Contributions—Length of Articles: Extra Costs.—Original articles should not exceed three and one-half pages in length. Authors who wish articles of greater length printed must pay extra costs involved. Illustrations in excess of amount allowed by the Council are also extra.

Leaflet Regarding Rules of Publication.—CALIFORNIA AND WESTERN MEDICINE has prepared a leaflet explaining its rules regarding publication. This leaflet gives suggestions on the preparation of manuscripts and of illustrations. It is suggested that contributors to this Journal write to its offices requesting a copy of this leaflet.

DEPARTMENT INDEX

(Itemized Index of Articles is printed on Front Cover)

EDITORIALS

BASIC SCIENCE INITIATIVE

Its Fate Will Be Decided on November 3d.—On Tuesday, November 3d, the voters of California will pass judgment on whether all practitioners of the healing-art shall be required—before being eligible to take licensure examinations—to possess certain fundamental knowledge on subjects termed "basic sciences," namely, anatomy, physiology, biochemistry, bacteriology and pathology.

The justification of such a law is based on the proposition that the State has a primary obligation to conserve the health and lives of its citizens, and that this governmental function can only be fulfilled in proper manner when practitioners of the healing-art are possessed of adequate education and training. During more than two decades, the California Medical Association has promoted the enactment of a basic science statute, and this year an active campaign was instituted, and the necessary signatures were secured, to place the proposed law before the electorate.

To carry on this educational campaign, however, and to secure the needed signatures, it has been necessary for the California Medical Association to allocate more than fifty thousand dollars from its general funds. This is a large amount of money, but if Proposition No. 3 is enacted, the expenditure will not have been in vain.

It may be said that, by and large, citizens are in favor of adequately-educated healing-art practitioners. The Basic Science law which will appear on the November 3d ballots is not retroactive; that is, it will not apply to healing-art licentiates now on the rosters of their respective examining boards. It does provide that future graduates shall possess this necessary education.

However, the tacit approval by the laity of the principles involved, does not permit the assumption that the measure will go on to easy adoption. On the contrary, owing to the existing unsettled conditions, the vote may not be heavy, and Proposition No. 3—the Basic Science Initiative—can through over-confidence, go down to defeat! Such a happening would be a calamity—in many ways.

* * *

Physicians Must Continue to Work up to November 3d.—Because of the importance of the issues at stake, too much emphasis cannot be placed upon the statement that it behooves California physicians, who are still in civilian practice, to use every possible facility to educate the public to understand that Proposition No. 3 on

the November ballot is worthy of a YES vote. This coöperation is an obligation due not only to the public health, but also to colleagues who are in service with the armed forces. These fellow physicians in military service have a right to expect us to safeguard both the interests and standards for which they are now offering their all.

We must not be found wanting!

NEXT YEAR'S ANNUAL SESSION OF CALIFORNIA MEDICAL ASSOCIATION WILL BE HELD AT DEL MONTE

A.M.A. Will Not Meet in San Francisco

Action of C.M.A. Council.—The action taken by the California Medical Association, when it was informed that the Board of Trustees of the American Medical Association might deem it expedient not to convene general sessions of its scientific sections in the year 1943, is reported in Item 9 of the minutes of the meeting of the C.M.A. Council held last month, on September 13.

It will be remembered that, two years ago, the A.M.A. House of Delegates voted to hold their annual session in 1943 in San Francisco. To the Council of the California Medical Association, the proposed action by the authorities of the national organization, if taken, therefore meant that the San Francisco and California Medical Associations might not be the hosts at next year's convention. (The minute item referred to and others having relation thereto appear in this issue on the following pages: page 247, C.M.A. minutes; page 249, letter from Secretary West of the A.M.A.)

* * *

A.M.A. Trustees Vote Postponement.—At its meeting held in Chicago on September 17, the A.M.A. Board of Trustees, for reasons indicated in Secretary West's letter of September 22, 1942, voted not to convene the Scientific Assembly (Scientific Sections, Scientific and Technical Exhibits) but to call, instead, only a meeting of the A.M.A. House of Delegates, to be held in Chicago at a date to be announced later.

With this action, under existing circumstances, no serious exception is taken.

* * *

Suggestion to A.M.A. House of Delegates.—However, the suggestion is made, and the wish is expressed, that at its next meeting the A.M.A. House of Delegates will see fit to adopt a resolution, providing that the cities which had been honored as future places of meetings for A.M.A. sessions (San Francisco in 1943, St. Louis in 1944, and New York in 1945) be retained as prospective hosts in the same order, when general sessions are again resumed. Such an arrangement would permit San Francisco to be first as a city so honored, be that in 1944 or another year; the hope being, too, that conditions may amend themselves to permit a San Francisco session of the A.M.A. in 1944.

* * *

California Medical Association Session in 1943 will be Held.—Item 21 of the C.M.A. Council minutes of the September 13th meeting recites that the California Medical Association will convene its 72nd annual session at Del Monte—probably in May—unless unforeseen complications arise. Action taken:

> It was agreed that plans previously outlined for next year's annual session of the California Medical Association, to be held at Del Monte, should be carried through, the C. M. A. Executive Committee or Council being in position to change the same should conditions so warrant.

* * *

Suggestions for Prospective Essayists and Participants in C.M.A. Session.—Members of the C.M.A. who are in civilian practice are requested to make note of the above decision, and physicians throughout the State are urged to look forward to attendance, on at least one or two days of the session. The rail accommodations, either direct or by way of Salinas, are no more inconvenient, for instance, than those met with, in June last, out of Philadelphia to Atlantic City.

This year's session of the California Medical Association at Del Monte is considered to have measured up to best, and for next year's convention, the hotel and meeting room accommodations are ample. The scientific programs, in the light of newer knowledge coming to us through the channels of military and industrial medicine, can be made most valuable to those in attendance; and also to others, who will read the proceedings in the OFFICIAL JOURNAL.

All who are in position to coöperate, through presentation of papers are urged to communicate promptly with the proper section secretary, the names of section officers appearing in every issue of CALIFORNIA AND WESTERN MEDICINE, on advertising page 6.

Appeal is also made to members who may be able to present scientific exhibits. In this issue, a copy of one of the handsome, framed certificates is shown. (See page 261.)

Regarding exhibits and films on medical and surgical subjects, correspondence should be addressed to the Association Secretary.

Concerning the advisability of meetings of State medical societies, it may be in order to quote from a recent letter received from Secretary Olin West of the A.M.A., who states:

> "I know of no reason why the meetings of the state medical associations should not be held since no interstate movement of moment will be involved. I hope that your meeting scheduled for Del Monte in May will be a most successful occasion."

Even though the attendance prove not so great as in years gone by, the C.M.A. session scheduled for May of 1943, can be made to be of real interest and greatest value.

Wish not so much to live long as to live well.
—Benjamin Franklin, *Poor Richard*, 1738.

* For additional information concerning the Basic Science law, the following references to recent articles in CALIFORNIA AND WESTERN MEDICINE are given: July, pages 4 and 100; August, pages 117 and 153; September, pages 171 and 208. In this issue, see page 257.

PREPAYMENT MEDICAL SERVICE PLANS: C.P.S.

Achievements of the Physician-Patient Personal Relationship.—Full medical service, with hospitalization, if needed, as given by a physician who is voluntarily chosen by the patient, represents what might be termed the desirable physician-patient relationship, and one which has permitted scientific medicine in the United States to render a service that has been reflected in lower morbidity and mortality rates than can be shown in any other country.

Nevertheless, in spite of the record, the splendid scientific achievements of the profession in recent years have been under attack from a comparatively small but rather voluble group of individuals and organizations—largely outside the medical profession, it is true—who, in exhortation of their theories, do not hesitate to push aside, as of no great importance or worth, the procedures in ethical and scientific practice that have had much to do in lowering the sickness and death rates of the Nation.

The economic set-up that, with the advent of the "mechanical age," came into being during the last half century, brought in its wake a number of social welfare problems that were previously of no very serious import. Thus, the larger number of citizens belonging to the lower income groups who gravitated to the industrial communities threw a steadily mounting burden upon both public and charitably endowed hospitals, in which medical and surgical service was largely donated by physicians. Also, the researches in scientific medicine brought to the front many procedures that can best be carried out in hospitals. In this manner, all classes of the public were rapidly educated concerning the newer healing-art methods as carried on in hospitals. These institutions are now so firmly established that a return to the former conditions is impossible.

* * *

Human Elements Involved in the Problem of Medical Service.—In a discussion of problems concerned with healing-art care of the lower income groups, it is well to keep in mind: the patient group, or patients on the one hand, and the "lay planners" who wish to inaugurate new procedures in medical service on the other; and also in the professional group, one, the physicians, and two, the hospital executives. In these four classes, the patients, as heretofore, wish early recovery. Unfortunately, high pressure salesmanship with its part-time payments burdened a large number of these citizens with unneeded accessories and debts, leaving many of them, in addition, with insufficient funds to properly compensate their physicians for services that had been rendered. In this deplorable state, many of such patients have become willing listeners to the propagandists who were and are promoting state or socialized medicine.

The costs of hospitalization service, with eight-hour personnel shifts, and expense of time-consuming, scientific procedures likewise have been steadily increasing. Since hospitals, in one sense, are hotels—whose patrons are ill or injured citizens—these institutions have found it necessary to protect themselves from bankruptcy by making the first drafts on the pocketbooks of patients. Too often, after such expenses have been paid, there has been no money remaining with which the attending physicians could be compensated.

The doctors of medicine thus become the victims of a chain of circumstances over which they have little control, and which may become a menace not only to their own economic and social welfare, but also to the profession of which they are members. It is little wonder, therefore, that some physicians should feel restless when called on to underwrite, with either professional services or funds, prepayment plans for medical and hospitalization services designed to serve the lower income groups, for whom theorists have raised insistent demands for "more adequate medical care."

* * *

Long View Essential.—On the other hand, it is important that members of the medical profession should take the long view of these problems and not feel too greatly injured if unit values for professional services, in plans such as California Physicians' Service, do not more rapidly come up to the normal unit.

Nor should such plans, when promoted by organized medicine, too greatly approximate idealistic service. The first attainment should be to place a proposed plan on a self supporting basis; even though, to accomplish that end, limited contracts and other safeguarding provisions are found necessary. After which, as success and larger mass-spread are achieved, it will be possible to approximate full-unit values, build up reserves for epidemics or other unpredictable needs, and also extend the scope of service.

In our own State, California Physicians' Service has been called upon to hurdle many difficult obstacles. That this state-wide plan for medical service has been able to move steadily onward, even though somewhat slowly, is most gratifying. With continuation of the generous coöperation rendered in the past by the professional members, and with patience, even though the same is irksome at times, C.P.S. should be of increasing value to the citizens of California, and become a real bulwark against attempts to thrust state or socialized medicine upon our people.

INDUSTRIAL WARTIME HEALTH: THIS MONTH'S SUPPLEMENT

A Valuable Symposium on Wartime Industrial Health.—In the present issue, CALIFORNIA AND WESTERN MEDICINE presents to its readers the addresses—some in full, others in abstract—which were given during August last at the Institutes on Wartime Industrial Health, held in the cities of San Francisco, Crockett, Oakland, San Diego, Inglewood, Glendale, and Huntington Park. Announcements and other information concerning the programs have already appeared

in the Postgraduate Department in the last two numbers of the OFFICIAL JOURNAL.*

During recent months the medical profession has been giving increasing attention to the many problems in preventive and curative medicine which have been rapidly coming to the front in communities where massive activities in wartime industry are now in operation. The Institutes on Wartime Industrial Health were brought into being through joint action of the Western Association of Industrial Physicians and Surgeons, California State Board of Public Health and the California Medical Association, in an effort to urge physicians, both in industrial and general practice, to take greater interest in some of the newer measures and procedures which industrial establishments have found necessary, through experience, to observe, if the health of employees and the efficiency in their output are to be maintained. It cannot be too often stated that now, since we are at war, every hour lost, through preventable illness or injury of men and women at work in war plants, becomes a factor that must be reckoned with, if the lives of soldiers at the front are to be properly conserved. The articles which appear in this number will permit readers to orient themselves concerning some of the problems which are met with in factories and other industrial workshops.

Mention may also be called to the example of coöperative endeavor in the promotion of the recent Institutes. Each of the three bodies concerned with their presentation gave valuable aid. In due course announcement will be made of other meetings to be held in the near future.

* * *

Proposed "Section on Preventive and Industrial Medicine and Public Health".—In informal table discussions at several of the recent meetings, it was suggested that the C. M. A. Section on Industrial Medicine and Surgery might wish to emulate the example set by the former A. M. A. Section on Industrial Medicine, which extended the scope of its work, taking on a new title, namely, "Section on Preventive and Industrial Medicine and Public Health." Modern-day industrial medicine trenches in large degree into the domain of preventive medicine, as do public health activities. As is well known, in recent years, an increasing number of physicians have been taking up public health as their major-, or life-work, and it is important that these colleagues who are in public life shall be adequately recognized and welcomed in organized medicine.

In the Postgraduate Department of the current issue appears the program of the Health Officers Department of the League of California Cities. That program reveals topics which are of interest and importance to all physicians, and also lists the names of many colleagues who have had close affiliation with the California Medical Association. Those ties of understanding and coöperation must be continued—how better, then, than through the proposed extension of work of one of C. M. A.'s twelve scientific sections? At the annual sessions, it would not be difficult to arrange the programs to give ample opportunity for portrayal of matters of mutual interest.

Members of the C. M. A. Section on Industrial Medicine and Surgery have stated that they will ask their group to request the House of Delegates at the Del Monte meeting in May, 1943, to extend the scope, and change the name of their division, making it conform with that of the similar section in the American Medical Association. The suggestion is worthy of serious thought.

* In this issue, see page 259.

MEDICAL JOURNALS FOR MILITARY COLLEAGUES

An Obligation to Physicians in Camps of the Armed Forces.—On pages 169 and 201 of last month's issue, a plan was outlined through which, with proper coöperation by physicians who are still in civilian practice, it will be possible to send forward every month to hospital camps in California, publications through which colleagues who are stationed at the various fields, will be able to keep somewhat in touch with current medical literature. As then stated, there is a larger number of such California camps than is generally appreciated, and at some of these practically no library facilities are yet in operation.

Most of our colleagues who have entered the services did so with such abruptness that arrangements for transmittal of medical publications were overlooked or could not be made. Moreover, the journals to which they had subscribed, under the second class postal regulations, cannot be forwarded from their homes to their stations except with extra postage.

The California Medical Association, through its Postgraduate Committee, is making an effort to help solve this need, and in the work is being generously aided by the staffs of the three medical libraries in California: the U. C., Stanford, and Los Angeles.

* * *

How Physicians in Civilian Practice Can Aid.—Physicians in civilian practice are requested to scan, as promptly as convenient, the journals to which they subscribe, and then deposit, mail or ship them to one of the three libraries, or to the C. M. A. Postgraduate Committee, 450 Sutter, San Francisco, which ever place may be found the most convenient. The needs of our military fellows may be appreciated if we will but try to visualize the situations which arise, when colleagues are suddenly cut off from the routine of past professional practice, to be transposed to places where the duties of the day are altogether different, and where opportunities for professional or other reading may be greatly limited.

* * *

Places to Which Your Journals May be Sent.—For convenience of readers, some informative paragraphs from a recent letter, follow:

"The Postgraduate Committee of the California Medical Association has taken over this work and will be glad

to render all possible aid in collecting and forwarding medical publications that may be left with county medical society officers, or with hospital staff executives.

"If it is not convenient for you to place with, or forward to the University of California, Stanford or Los Angeles County Medical Libraries, journals that have been collected, the same may be forwarded, via 'Railway Express Agency,' *collect,* addressed to the C.M.A. Postgraduate Committee, Room 2004, 450 Sutter, San Francisco. The Committee will then be happy to carry on from that point, as regards distribution to suitable military hospital stations.

"Perusal of the editorial comment on this subject in the September issue of CALIFORNIA AND WESTERN MEDICINE will acquaint you with details of the plan. This letter is written to bring home to you the importance and urgency of early *coöperation.*

"The hope is also expressed that an attempt will be made by your respective officers, or a special volunteer or other committee appointed for the task, to *carry on this work from month to month,* so that the supply of medical literature may regularly go forward.

"Thanking you for your coöperation,

"THE CALIFORNIA MEDICAL ASSOCIATION
COMMITTEE OF POSTGRADUATE ACTIVITIES."

"The addresses of the three libraries follow:

U. C. Medical Library, the Medical Center, Third and Parnassus, San Francisco, California.

Lane Medical Library, Clay and Webster Streets, San Francisco, California (Stanford).

Los Angeles County Medical Library, 634 South Westlake, Los Angeles, California.

If more convenient, you can send journals, via 'Railway Express Agency,' *collect,* to: C.M.A. Postgraduate Committee, Room 2004, 450 Sutter Street, San Francisco, California."

No apology is made for emphasizing again this plan of a procedure of service that will be sure of appreciation by physicians who are already in the armed forces. Their needs and their contentment, if we can somewhat aid in supplying such, should be ample compensation for those of us who are still at home.

Lend a hand!

EDITORIAL COMMENT†

ANAEROBIC BACTERIA IN PYORRHEA ALVEOLARIS

An important contribution to the bacteriology of suppurative periodontitis is currently reported by Hemmens and Harrison[1] of the Department of Bacteriology, University of Chicago.

During the opening decade of the present century dentists almost invariably assumed that "alveolar pyorrhea" is a single clinical entity with one specific microbic cause. Bacteriologists of that period, however, were unable to confirm this belief. Goadby,[2] for example, who studied smears and aerobic cultures from 100 cases, was unable to associate the disease with any one bacterial type. On the basis of opsonic tests he concluded that periodontitis is a non-specific infection with normal mouth bacteria, due to an insufficient production of specific antibodies. Bertrand and Valodier[3] postulated a nutritional deficiency as the underlying cause of this inadequate antibody production. On the basis of these theories a large number of dentists employed autogenous vaccines or vaccines made from normal mouth flora, but with disappointing results.

On account of this failure, the theory of immunological deficiency was quite generally discredited, and renewed attempts were made to find the presumptive specific etiological factor. Among the organisms emphasized by most investigators have been staphylococci, either acting alone or in association with streptococci, or with fusospirochetes. Amebas acting in symbiosis with normal mouth bacteria led to the hope that emetin might be a specific cure. It was later evident,[4] however, that these protozoa lack invasive power, are never found in living periodontal tissues, and probably act merely as non-pathogenic scavengers.

More recent investigators have called attention to the incompleteness of the experimental evidence thus far accumulated. Almost all of the earlier investigators limited their tests to the simpler aerobic techniques, leaving a large group of anaerobic microörganisms not yet adequately investigated. Hemmens and Harrison attempted to supply these missing data. They made parallel study of the anaerobic flora of healthy gingival crevices and suppurating periodontal pockets, with tests of pathogenicity by animal inoculations.

Eight different groups of obligate or facultative anaerobes were isolated from both exudates and normal gingival surfaces. The two floras differed only quantitatively from each other. Thus spirochetes were readily demonstrated in 100 per cent of all exudates, but in only 61 per cent of the normal cases. M. gazogenes was more often present on normal surfaces than in pus pockets. Fusiformus nucleatus was found in equal number in both cases. The conclusion was drawn that the anaerobic flora of the pus pocket is the same as that of the normal gingivae, there being quantitative difference in the relative percentages in the mixed flora. Inoculation of mice with pure cultures of these microörganisms or pure culture inoculation beneath the gingival mucosa of normal monkeys gave no evidence of individual pathogenicity. Even in monkeys suffering from "vitamin M deficiency,"[5] only a transient gingival inflammation was produced, which healed in about 4 days. No differences were demonstrable between the normal and suppurative floras by specific agglutination tests.

Since no one anaerobic species seemed to be the specific etiological factor it seemed probable that a symbiotic relationship existed that might be the essential pathogenic factor. Such associations are well known in other diseases, such as in Vincent's angina[6] and lung abscess.[7] In order to test this possibility periodontal pus diluted with broth or ascitic fluid was injected subcutaneously, intratesticularly, intraperitoneally, or intranasally into normal rabbits or mice. Small well localized abscesses developed in a few of these animals,

† This department of CALIFORNIA AND WESTERN MEDICINE presents editorial comments by contributing members on items of medical progress, science and practice, and on topics from recent medical books or journals. An invitation is extended to all members of the California Medical Association to submit brief editorial discussions suitable for publication in this department. No presentation should be over five hundred words in length.

which however usually healed completely within one week to 10 days. Attempts to infect a second animal from these temporary abscesses, however, were unsuccessful.

Since normal animals were thus relatively resistant to the mixed flora of periodontal exudate, scorbutic guinea pigs were then tested. These vitamin C deficient animals died within 10 days to two weeks of a progressive infection, usually including invasion of the blood stream. By inoculating normal guinea pigs with exudates from those scorbutic animals an infection was produced that was capable of indefinite serial passage in normal guinea pigs or rabbits. The mixed periodontal flora in these passage animals was characterized by a progressive increase in virulence accompanied by a decreased complexity. Of the 16 different organisms present in the initial alveolar pus, only 11 organisms were recovered from the first generation in scorbutic animals, and but 8 bacterial species after 7 subsequent serial passages in normal animals. After this passage a stable symbiotic mixture was established.

Subcutaneous inoculation of guinea pigs with this stable mixture produced an acute infection characterized by extreme prostration and death within 48 hours. The phlegmon spread rapidly over the ventral surface of the animal, and usually involved most of the subcutaneous tissues of the chest and abdomen at the time of death. With gentle traction the muscles of the chest and abdomen could be pulled away, leaving ragged shreds of necrotic tissue. The accompanying visceral lesions usually consisted of swelling and hemorrhage into the adrenals and a slight pneumonic consolidation. The adrenal lesion suggests a toxin production by the symbiotic anaerobic flora, though the nature of this presumptive toxin has not yet been determined.

In order to determine whether or not the normal gingival flora is capable of producing the same pathologic picture, similar passage was attempted with material from the mouths of 2 persons having normal gingivae. The infection in the initial scorbutic guinea pig was slower to develop than in previous tests with periodontal pus. After 7 subsequent serial transfers in normal animals, however, the virulence of the normal flora had been increased so that it now produced lesions similar to those produced by the stablizide mixed flora for periodontitis. The normal gingival flora, therefore, has a potential virulence equal to that of the mixed flora of periodontitis pus.

This finding renders it highly improbable that bacterial invasion is the primary cause of suppurative periodontitis. It seems probable that local and systemic conditions, such as unfavorable mechanical relationships supplemented by vitamin deficiency, cause a primarly breakdown of normal periodontal tissue with "pocket" formation. The normal gingival flora gaining admission to this "pocket" presumably acquires a sufficient virulence (or synergic balance) to be able to invade the adjacent healthy tissues and thus produce the terminal suppurative phase of the disease. Anaerobic bacteria, therefore, may be pictured as little more than secondary invaders, of relatively little importance from the prophylactic point of view. This is in line with the view already held by many periodontologists on the basis of clinical observation.

P. O. Box 51.

W. H. MANWARING,
Stanford University.

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RABIES EPIDEMIOLOGY AND CONTROL IN LOS ANGELES COUNTY*

H. O. SWARTOUT, M. D.
Los Angeles
AND
C. O. HARVEY, M. D.
Los Angeles

LOS ANGELES County has had an animal rabies problem for a long time, there having been only one year in the last fifteen when the incidence fell below 300 cases. Fortunately, the number of human cases have been few, though fairly recently five such cases occurred within a period of two years.

In May of 1941, a case of "furious" rabies occurred in which the problems of tracing contacts and controlling secondary cases presented so many characteristic features that the story is unusually interesting and instructive. The dog concerned was shot by a peace officer on May 16. The person on whose premises the animal was shot, fearing legal complications because it was wearing a collar and license tag, removed the collar and tag and buried the carcass shortly before word reached the Health Department of what had happened.

Prompt and judicious inquiry on the part of the local quarantine officer resulted in getting possession of the dog's head, collar and license tag, which made possible a confirmation of the diagnosis and enabled the dog's owner to be traced. From him it was learned that the dog had been given to him on May 10, and had run away from home on May 14 after fighting with several dogs in the neighborhood.

Knowing the place from which the dog started to run and the place where it was shot, a great

* From the Bureau of Preventable Diseases of the Los Angeles County Health Department and the Office of Communicable Disease Inspection.

(Continued on Page 280)

WARTIME INDUSTRIAL HEALTH

Presenting a symposium of addresses—in full or in abstract—given at Institutes on Wartime Industrial Health, held in the cities of San Francisco, Crockett, Oakland, San Diego, Inglewood, Glendale, and Huntington Park, on August 18-28, 1942. Institutes were sponsored by the California State Board of Public Health, California Medical Association, and Western Association of Industrial Physicians and Surgeons.

ORIGINAL ARTICLES

OBJECTIVES OF THE INSTITUTES ON WARTIME INDUSTRIAL HEALTH*

ROBERT T. LEGGE, M. D.
Berkeley

THE Western Association of Industrial Physicians and Surgeons, at their annual meeting in May, 1942, appointed an educational committee to plan a series of institutes on industrial health similar to those held in Iowa in 1941. The California State Department of Public Health made available the necessary funds and provided personnel to assist in the organization of the Institutes. The California Medical Association, through its Committees on Postgraduate Activities and on Industrial Practice, and the county medical societies coöperated as part of their educational program.

These three important agencies, recognized as leaders in promoting public health within our State, coöperated to present this educational program in postgraduate instruction for plant and private physicians, as well as for others interested in the field of industrial medicine and hygiene.

The transformation of California from an agricultural into an industrial State as a result of the war has created boom-town industrial areas in which the facilities for housing, sanitation, and medical care are taxed to the utmost. The Army and Navy have disassociated from private practice practically all our able-bodied physicians under 40 years of age, so that it has become necessary for general practitioners not in service to take refresher courses in industrial health to keep our assembly lines at their fullest productivity.

The institutes were brought to seven centers of war industries in our State so as to afford plant, part-time, and private physicians an opportunity to attend, as well as public health officers, safety engineers, nurses, and plant managers. The program was planned to review the general principles of industrial medicine and hygiene and to give attention to the practical industrial health problems which the physician encounters in the course of his day's work.

In promoting industrial, personal, environmental, and community health, the emphasis is placed upon prevention. The main objective is to lessen the incidence and severity of accidents, occupational diseases, and the communicable diseases by making the fullest possible use of the advances made in scientific medicine and in safety engineering. Both the employer and the employee benefit by better health, greater efficiency, and increased production.

This then is the keynote of the discussions presented by my colleagues—prevention by practical and up-to-date methods of the occupational diseases, the communicable diseases, and the general illnesses which affect our working population.

6 Roble Road.

* Abstract of Chairman's address at the Institutes on Wartime Industrial Health in San Francisco, Crockett, Oakland, San Diego, Inglewood, Glendale, and Huntington Park, August 18-28, 1942.

Chairman is Professor of Hygiene, Emeritus, University of California, Berkeley, California.

INDUSTRIAL HYGIENE IN WAR PRODUCTION*

J. J. BLOOMFIELD
Washington, D. C.

THE State of California leads the Nation in the volume of war production. That single fact means that California has the same production problems as the rest of the country, only bigger and faster. Three years ago agriculture was the chief industry in California. That is no longer true. When agriculture had to drop out of number one on the California occupational parade, the rapid industrial upswing raised new problems, as is evidenced by the fact that California's accident frequency rate is at least double the percentage increase in employment.

The man—or woman—who leaves the plow to pick up the riveting gun, the monkey wrench, or the welding torch, steps into a new world. Twenty-five years ago the science of industrial hygiene might have been a pioneer in this new world, but I am happy to say that many of the charts have since been mapped, and many of the trails have since been blazed over a generation of medical, engineering, and chemical research—so that today every man whose job it is to conserve American manpower can face that job with the assurance that comes from having a reservoir of industrial hygiene "know-how" which he can tap at any time. But there is a gap between our "know-how" and the application of that slowly-

* Address presented at the Institutes on Wartime Industrial Health in San Francisco, Crockett, Oakland, San Diego, Inglewood, Glendale, Huntington Park, California, August 18-28, 1942.

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won knowledge. In its simplest terms, our job is to bridge that gap.

War, however, has brought about certain conditions which greatly complicate the problems of industrial health. Although specific defects are as varied as the enormously diversified war industries themselves, the national problem presents four broad conditions which exist to a greater or less extent in all of the 48 States. The first problem is the one which perhaps has the highest degree of visibility. I mean the control of hazards which are found in the working environment. The second group of problems are those which arise from the community environment. The third problem is the physical composition of the war labor force as compared to the peacetime labor supply, and our fourth is the shortage of trained personnel in the various professions concerned with health conservation in industry.

THE COMMUNITY ENVIRONMENT AND THE WORKER

I do not propose to discuss the first problem, hazards which are found in the working environment. However, before I leave this subject entirely, I should like to emphasize one or two important factors relating to the occupational disease problem.

To begin with, although there may be no new outstanding occupational disease problems as a result of the war, we are faced with an aggravation of the old ones on a tremendously larger scale. Because of priorities, many highly-toxic materials which had practically disappeared from industry are now back in the limelight. More private physicians with practically no experience in the field of occupational diseases are called upon to do this type of work. As a result of these various problems it is necessary, now more than ever, that physicians inform themselves concerning the occupational diseases. It is extremely important that the physicians strive to obtain an accurate occupational history of each patient, so that the factor of occupational exposure may be taken into consideration in the diagnosis and treatment of the disease from which the worker may be suffering. It is also very necessary that the medical profession assume the same attitude concerning the reporting of occupational diseases that it now does toward the reporting of communicable diseases. It is only by such a procedure that the official agency responsible for investigating and controlling an occupational disease will have the necessary information to do so.

The health problems which arise in the community stand in the same relation to health problems within the factory gates as does the nine-tenths of an iceberg which is under water to the one-tenth seen above the surface. Less than one-tenth of time lost from work is due to accidents and illness on the job. More than nine-tenths of the 400 million working days lost last year—a peacetime year of tooling-up—were due to *non*-occupational illness and injury.

The industrial hygienist is well aware that his efforts to insure a safe and healthful working environment are often nullified by unfavorable conditions in the community. A worker who is absent from his job because of a serious cold is as surely lost from the production line as though he had been disabled by an accident or an occupational disease, such as lead poisoning. Quite plainly, then, individual health—*worker's* health—and community health are so closely interwoven that one cannot be considered without the other.

The rapid expansion of war industries has had an incalculable effect upon the provision of adequate community service in many parts of the country. For example, the war contracts allotted to date have been very unevenly distributed geographically. At one time, 73 per cent of the war contracts were allotted in 20 industrial centers containing 22 per cent of the total population. The State of California is the leader among these areas, and the impact has been felt not only in tremendously increased industrial activity, but also in a severe strain upon community facilities of all sorts—transportation, schools, hospitals, medical and public health services.

As a result of war production, there is in motion a vast transmigration of workers and their families. New war plants are being built in rural areas with little thought to the provision of even rudimentary facilities, such as adequate housing, safe water, and sewage disposal. In industrial centers like those in this city, the demand for war workers has not yet reached the peak, and community health facilities in many areas are already cracking under the strain.

Under the Community Facilities Act, Congress has appropriated some $300,000,000 for the construction of schools, hospitals, water supply, sewage disposal, and other public works in war areas. This sum was about $50,000,000 short of the estimated cost of essential construction at the time of the attack on Pearl Harbor. By March 31, 1942, the U. S. Public Health Service had certified 808 health and sanitation construction projects in war areas; 612 of these had been approved by the President. Construction, however, had been started in only 172 instances, and a mere 8 projects were completed. As of June 27, 1942, California had made 396 applications for projects, estimated to cost 99 million dollars. However, only 169 of these projects had been approved by the President at that time, amounting to an estimated cost of 24 million dollars. The projects requested were mainly hospital additions, waterworks, and sanitary facilities.

With the crowding in factories, crowding in homes, crowding in transportation facilities, war industries are under constant threat of outbreaks of contagious disease among employees, which would seriously disrupt production. Every necessary precaution must be taken to avoid such an occurrence. The strengthening of general public health services in the community thus becomes an essential part of the industrial hygiene program. The industrial physician should be able to

rely upon his local health agency to fight this rear-guard action in support of his front line attack against time-loss in our war production drive. To help the States hold the line against preventable disease, the United States Public Health Service, under emergency appropriations by Congress, has recruited and trained 700 professional workers—physicians, engineers, nurses, technicians, and others—and assigned them to duty, under the direct supervision of State health departments, in 176 critical war areas.

Thus, although actual performance still falls far short of immediate needs, a good beginning has been made in the provision of minimum public health facilities in war areas. Further improvement must come, in large part, through a more realistic facing of the problem by the States and communities involved.

Crowding, poor housing, lack of sufficient medical facilities, schools, recreation, and other welfare services all combine seriously to threaten health and to disrupt normal family life. Add to these the mental strain caused by war worries, and we have a situation (under which thousands of war workers are now living) which is certainly not conducive to good morale and all-out production.

The disruption of community facilities is perhaps the first "medico-economic syndrome" to be felt in the industrial physician's practice, and equally one of the last to be recognized. Industrial medicine can no longer confine itself to emergency treatment and the diagnosis of occupational diseases. True, there is a bigger job to be done in the plant itself—that is, a job of prevention. But even this cannot be accomplished without a prompt and responsible recognition of the influence of living conditions upon absenteeism and industrial disability. This is a "total war"; half-way measures, half-way acceptance of responsibility, and a half-way concept of the job will not win. In dealing with the worker, we must adopt a concept of the "total man" if we are to keep him on the job and enable him to contribute to the common cause—his utmost in high morale, vigor and efficiency.

COMPOSITION OF THE WAR LABOR FORCE

The Honorable Paul V. McNutt, Chairman of the War Manpower Commission, reported two weeks ago that 12½ million men and women are now at work in war plants. He predicted that 5 million more workers would be needed within the next six months. By the close of 1943, these figures will undoubtedly have increased to be between 20 and 25 million workers in direct war work and essential contributory industries. More men and women will then be employed in industry than ever before in our history.

As a matter of fact, the increased employment of women is—and will be—one of the most notable changes in our industries. Thirteen million women are at work today—with the number of women in direct war work climbing toward 2 million this year, and up to 7 million—by the end of 1943.

By mental attitude and physical aptitude, women can handle many a so-called "man-size job." In one California plane plant alone, women are now handling 38 different jobs, from milling machine and turret lathe operator to sewing machine operator and parts stamper. In the entire plant there are only 9 jobs to which women definitely are not suited because of physical requirements, and five for which the required training is too long to warrant introducing women.

The employment of women, especially in the heavy industries, presents problems too numerous for discussion in the short time left. But the industrial physician must recognize the problems which exist—the 60 per cent higher morbidity rates from various nonindustrial diseases, for example—and must solve these problems promptly if womanpower is to supply its full share of war manpower.

To win the war, we must use *all* of our manpower. As a Nation we have accepted the fact that until the war is over, there will be no "business as usual" for any of us. Many peacetime standards will have to be revised. We are salvaging rubber, aluminum, copper, scrap iron, tin, so that we can meet shortages in strategic materials. Likewise, we must salvage those workers who are handicapped by both major and minor disabilities. Our physical standards for employment have been rigid and arbitrary, and, in many cases, unnecessarily high. These standards are still being applied in war plants, and valuable workers with physical defects are being turned away.

The War Manpower Commission has already discussed the possibility of calling upon management to review and adjust these standards to immediate needs. The industrial physician has a definite responsibility in influencing and guiding decisions with respect to the employment of handicapped persons. We have said for many years that the preëmployment examination *must* be used as a tool to place *all* workers—including the physically handicapped—in jobs best suited to their capacities, jobs in which performance will be at required efficiency without unusual hazard to the worker or his associates. The preëmployment examination must be used as a pre*placement* examination.

Detailed knowledge of the jobs in a given plant should be a part of the industrial physician's equipment—not merely knowledge of the number of vacancies, but of the actual operations, the potential exposures, and the required physical capacity for each operation. This kind of knowledge is not to be acquired by reading reports, but by personal study of the problem in the shop. Knowledge of the job, combined with the physician's knowledge of the human organism, will make it possible to salvage many thousands of physically handicapped workers for participation in the war production drive.

We must recognize that many of our new workers—the women, the under-draft age youngsters and the older men—are working longer and harder than they ever have before. The question of fatigue immediately arises. A tired man or woman is a potential danger to himself and his fellow workers. The increased demands for skillful and precise work mean a higher percentage of wasted efforts and spoiled critical materials from the tired worker's bench.

The Office of War Information announced on July 29 that 8 Federal agencies—War and Navy Departments, Maritime Commission, War Manpower Commission, War Production Board, the Department of Commerce, the Department of Labor and the Public Health Service—had jointly subscribed to a policy of urging a 48-hour week limit in war plants. This policy is in line with a statement issued by Surgeon General Thomas Parran seven months ago in which he pointed out that industries operating on a 24-hour basis must take special precautionary measures to minimize the effects of night work and the rotating shift. A copy of that statement is in your hands.

Also associated with fatigue is the disruption of eating and sleeping habits among workers employed on second and third shifts, especially with change of shifts occurring too frequently.

Physical fitness in the workers is the basic requirement for the reduction of lost time due to fatigue. Proper adjustment of hours, improvement of the working environment, job simplification, reduction of noise, and provision of rest periods, with supplementary feeding, will contribute to the control of fatigue.

Improved nutrition is an important factor, not only in combating fatigue, but also in promoting a higher level of health. Up to now industry has paid little attention to the nutrition of workers. Some of our newest plants are making no provision for cafeterias in the establishment, or even convenient to the plant. Great Britain has had to make the provision of eating places compulsory in all factories employing 250 or more persons. Similar action may be expected in this country if the present educational program fails to produce results.

SHORTAGE OF TRAINED PERSONNEL

Our final wartime problem—the shortage of professional personnel—makes teamwork in industrial medicine even more imperative. According to the American Medical Association, more than 20,000 additional physicians will be needed by the military services before the end of the year. Eight states, of which California is one, will have to supply nearly 16,000 of this number. Furthermore, the armed forces will need the entire First Reserve of the American Red Cross, 2,000 of whom will come from California.

Reports to the United States Public Health Service indicate that in hundreds of industrial communities the lack of doctors, dentists, nurses, is acute, and in many the situation is indeed grave. Early in February of this year, Surgeon General Thomas Parran reported that there were 1,000 vacancies for qualified physicians in State and local health departments, and 2,700 vacancies for public health nurses. In civilian hospitals, there are 10,000 vacancies for registered nurses. Individual cases have come to our attention in which the staff of industrial medical services in war plants is being depleted by the induction of personnel into the Army or Navy.

As you know, the Procurement and Assignment Division of the War Manpower Commission is pressing forward as rapidly as possible with its program for the effective utilization of the medical and dental personnel of the Nation. Even with adequate adjustment of the present situation, we must all face the fact that there will be a considerable shortage of professional personnel. The needs of our increasing Army and Navy must be met.

Nevertheless, there is a growing concern on the part of numerous war agencies and the Council on Industrial Health of the American Medical Association, lest adequate measures be not taken for the health protection of our vast industrial army. This would seem to place industrial medicine on the horns of a dilemma.

In order to help meet this problem, the Public Health Service has increased the staff of the Division of Industrial Hygiene of the National Institute of Health to 200, and has in addition employed and given special training to nearly 50 industrial physicians, engineers, and chemists who have been assigned to duty in State industrial hygiene services. Five of these are assigned to California. There is available, then, in the Federal service and in the 45 State and local industrial hygiene units, an organization of more than 500 trained professional workers capable of giving active assistance to the industrial physician. Through inspections of plants, medical and engineering consultation, and laboratory services, an effective program for the health protection of workers in individual plants is available. It only remains for these services to be more widely used by industry than they are today.

The problem of providing medical service in small plants is of increasing importance, since the allocation of Government contracts has brought many of them into the war production drive. The Council on Industrial Health of the American Medical Association, in a recent joint session with the Subcommittee on Industrial Health and Medicine of the Office of Defense, Health and Welfare Services, recommended that a program of instructing management in the advantages of medical supervision over workers be undertaken by the Government. At the subsequent meeting of the National Conference of Governmental Industrial Hygienists, the Conference recommended that a similar program be undertaken by the Public Health Service.

The answer to it all would appear to be in

organizing adequate industrial hygiene measures and maintaining the utmost vigilance. Medical, engineering, and safety personnel must constantly be aware of these problems. More than this, they must bring new problems to the attention of management and supervisory personnel, lest the pressure for high-speed production cause them to neglect the health and safety of workers, and to discount the importance of conserving our vital manpower.

Our air force has the answer for industrial medicine. We do not hear about a bomber, or a pilot, or a navigator, or a bombardier any longer. We hear about a "crew," a team—operating with incredible skill and bravery, each dependent upon the skill and loyalty of the other. The industrial physician can meet his enemy—carry out his mission—if he learns to operate as a team, drawing upon all the resources available to him. Teamwork begins in the plant, between management, labor, the medical service, the engineering service, and the employment department. Other resources should be utilized as well: the private practitioners of medicine in the community; Federal and State industrial hygiene services; local public health authorities—all should be focused upon the supreme task now before us, namely, the conservation of manpower in our war industries.

We should also utilize the worker himself in doing everything possible to maintain his physical and mental fitness so as to lessen the burden on the industrial hygienist. The labor-management committees organized in war plants by the War Production Board should be a valuable channel for the dissemination of health information and for voluntary acceptance of industrial hygiene. On July 13, 1942, 65 California plants had such committees.

We have all seen the slogan, "We have no time to lose." To that I should like to add, *we only have time to win! Time* is indeed of the essence. Time to outstrip the start which our enemies have had on us for many years. Indeed, our shortage of certain vital materials and of professional personnel are insignificant compared to our shortage of time. There is no substitute for the hours and days lost in war production because of disabling sickness. There is no substitute for the lives lost in accidents. Industrial medicine has the clear responsibility and the prodigious task of conserving every ounce of energy and efficiency in our war workers. The new and renewed problems are troublesome; but, in most instances, we have the "know-how" to meet them. War hits hard and it hits fast—in every phase of our national life. The industrial hygienist must hit first, and hit harder, if we are to give our working army the health and strength to keep 'em rolling.

U. S. Public Health Service.

In life, as in a football game, the principle to follow is: Hit the line hard!

—Theodore Roosevelt, *The Strenuous Life: The American Boy.*

INDUSTRY'S MANPOWER: ITS CONSERVATION*

CAREY P. MCCORD, M. D.
Detroit, Mich.

THE true value of the trained industrial worker participating as an industrial soldier in the present emergency can be computed in various terms. However, all values are so rapidly shifting that there is no valid method of placing a monetary value on such a workman.

Of the total population of this country, there are only about 55,000,000 persons, men and women, young and old, available for all work purposes including military service. Considering the requirements for the military services, for production in war industries, for agricultural labor, and other nonmilitary but still essential activities, there is, in prospect, a deficit of nearly 6,000,000 workers. Women and old men will be called upon to make up this deficit.

It is here that the medical profession steps in. These men and women must be conserved to build more and more war materials, next week, next month, and next year. This conservation job belongs to everyone, but foremostly to the doctor, the industrial hygienist, the nurse, the public health official, the safety engineer.

Conservation of the Nation's manpower touches every physician just as war itself touches every person. In at least two senses all practicing physicians are industrial physicians. First, it should be recognized that over the country, as a whole, 80 per cent of all strictly industrial medical work is carried out by physicians not full-time or part-time salaried associates of industry. Although war will perhaps increase the percentage of medical work carried out on work premises to a figure somewhat greater than the remaining 20 per cent, this augmentation will not greatly lessen the private practitioner's dominance in this field. Not only the general practitioner, but every specialist, whether he be fully aware of it, frequently is seeing cases of total or partial employment origin.

Secondly, all physicians have been brought closer to industrial health through the realization that work injuries and occupational diseases make up only a minor portion of the health conservation problems of industry. A man or woman worker unable to perform work duties because of illness unrelated to work as the cause is just as much of a hampering influence to production as though the disease or injury had been produced on the plant's premises.

Out of an almost unlimited list of opportunities for the medical profession to wield an influence helpful to the conservation of the Nation's man-

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* Abstract of address presented at the Institutes on Wartime Industrial Health in San Francisco, Crockett, Oakland, San Diego, Inglewood, Glendale, and Huntington Park, August 18-28, 1942.

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power, several topics that may equally well apply to physicians in and out of the walls of industry are selected for specific comment.

HOURS OF LABOR

There are fairly definite physiological limits to the amount of work that may be performed, and that work physiology should be the prime consideration determining upper limits of work periods, short of any imminence of early and nearby attack. Every worker should have at least one day in seven, but not necessarily Sunday, for rest, recuperation, and recreation. Failure to observe this measure cannot be long continued without definite and measurable harmful results. Although variations exist from trade to trade, it is generally true that work under proper hygienic conditions does not reach its physiologic limits until about the 54-hour week level. Further, British experience has clearly demonstrated the utter undesirability of excessively long hours, that production is best served by adjusting work periods to physiologic capacities.

SWING SHIFTS

In order that essential industries may continue to operate 7 days a week and 24 hours a day, the introduction of swing shifts is necessary and commendable, but the method of swing shifts becomes a matter of physiologic concern. From a physiologic work point of view, changes of workers are best made from shift to shift only at some long interval such as 2 months, and better, 3 months. The physiologic adjustment is more easily made when there is some continuation of any one set of requirements.

INDUSTRIAL NEUROSES

In recent times, there has been much connected with industrial pursuits conducive to the appearance of neuroses. Never has industrial medicine adequately accepted responsibility for industrial psychiatry. Much less so, has there been any proper understanding on the part of the general medical profession. Under these circumstances, if the medical profession would serve industry and the Nation, more and more attention should be paid to industrial psychiatry. In every industrial community, there should be competent psychiatrists for the education of industrial physicians, for direct consultation, for the devisation of suitable programs, for the abetting of recreational activities. Every medical society should have an active committee on industrial psychiatry.

PUBLIC AGENCIES

The mass of physicians may not be expected to be in a position to know all of the ins and outs of industrial exposures, the causes of occupational diseases, the means for measuring and controlling dusts, gases, vapors, noise, and other exposures. But all physicians should know that there are available to them and to industry, state and city agencies, such as bureaus of industrial hygiene, and semi-public agencies in the form of insurance company services, all of which are eager to serve industry and physicians. Thus every physician has available to him a staff of trained workers that should be utilized.

ABSENTEEISM

It is difficult for most persons to realize the tremendous losses that arise from unnecessary absenteeism from work. The taking of a day off here and there as a deliberate measure and in the absence of sickness is a praiseworthy thing and not to be condemned. But for industrial workers this may be carried too far. We have conditioned ourselves to believe that a double absentee rate on the part of women workers is somehow or other inescapable. I know of scant valid reason for any such double absentee rate except the fact that household duties, particularly where there are children, weigh heavily upon women workers. Never can all of absenteeism be eliminated, but if absenteeism might be reduced by one-half, the war might be won in a year's less time—but no one knows the real facts. All physicians share in the responsibility of keeping workers at work, out of hospital beds, out of unnecessary sitting by the fireside, away from the necessity of caring for sick children, and away from 4-hour waits in the waiting room of all too busy physicians.

INCREASED KNOWLEDGE OF INDUSTRIAL ACTIVITIES

Physicians know too little about industry. Often their attitude comes from that of the worker patient, who himself may harbor the most garbled notions about his work conditions. The more physicians know about industry in all of its ramifications, the better qualified they are to serve workers, industry, and the country.

At some future time, one year or five, this war will be won. For many physicians there will be no medals, no uniforms, no parades. In fact, there may be scant tangible evidence that these physicians participated at all in the conservation of the Nation's manpower at the time of war. Yet every physician has opportunity to serve the industrial armies. Even though there never be any praise, he will be able to face himself as he shaves before his mirror and to have his own private and laudable S.D.W.P.—"A Sense of Duty Well Performed."

SAN FRANCISCO MANAGEMENT LOOKS AT INDUSTRIAL HEALTH*

FRANK P. FOISIE
San Francisco

MANAGEMENT has looked upon industrial health in the only way the layman can look to the professional—up—a sort of worm's eye

* Abstract of address presented at the Institutes on Wartime Industrial Health in San Francisco and Oakland, on August 18 and 21, 1942, respectively.

Author is President, Waterfront Employers Association of the Pacific Coast, San Francisco, California.

view! That is, where management has looked at all. Much of the time, industry has taken for granted that the worker is in good health, and that it is up to him to keep that way. There are many notable exceptions, but industry has not generally included in its obligations or opportunities a program of organized industrial health.

Management in war industries, with its present responsibility for the production of materials in astronomical quantities, now finds it necessary, in order to fulfill that responsibility, to improve and maintain the health of its available manpower. The surplus of labor, which made it possible for industry to make a free selection of its manpower, no longer exists.

Management looks to the physician for guidance and direction in the vital and growing field of industrial health. With the necessity to utilize all available sources of manpower, the industrial physician can institute adequate standards for health conservation of this manpower, as for example, in the employment of women. Secondly, the industrial physician is free of the severely limiting economy of competition because, today, any measure that advances the war effort is supported without stint. Thirdly, management looks to the physician for guidance in the broader problems of industrial health, such as proper placement and not rejection of workers, education in nutrition and personal hygiene; protection on the job from hazardous working conditions; and prevention and control of the general illnesses.

Another resource which the industrial physician now has is the joint interest and coöperative support of organized labor and management. Further, the evergrowing interdependence of persons and functions in modern industry make for improved relationships and for greater freedom to carry out one's functions, because one is freed of the limitation of working alone.

Another factor of importance to the physician is that business is organizing into associations on an industry-wide basis for the self-regulation of industry in its relations with labor and with government. Thereby, the industrial physician's field of work is enlarged, and his effectiveness increased because there is a whole industry to serve rather than a single plant. Not least significant is that in each such organized industry, "the best lead, the rest follow."

Our fighting service men are the best cared for of those of all the nations. It is our task in industry that the same may come to be said of our civilian service men. The challenge alike to the medical fraternity, to organized labor, and to organized management is to secure an abundant and vital health in industry, the like of which we have never known, so that we may produce for war to the utmost.

It is said of Gladstone that he gauged a community by the care it gave its cemeteries. Let an industry be gauged by the care it gives its health.

Federal Reserve Bank Building.

We must not look for a golden life in an iron age.
—John Ray, *English Proverbs.*

LOS ANGELES MANAGEMENT LOOKS AT INDUSTRIAL HEALTH*

V. R. Nabors
Los Angeles

WITH the advent of the present war, management finds it necessary to focus its attention more and more on the health of the worker.

Although much has been done in accident prevention, progress in medical and health programs is slow of development because management is reluctant to accept suggestions, in the absence of statistical proof that a plan is workable, especially if an additional burden of overhead is required.

Estimates place the lost time arising from disabling illness as high as 2 per cent, and for every person incapacitated because of illness, at least two others are handicapped because of prevalent or chronic diseases to the extent of 10 per cent to 50 per cent of their efficiency. The few studies that have been published show that lost time due to illness and nonindustrial accidents is approximately twelve times as great as lost time due to industrial accidents. Absenteeism due to industrial or occupational diseases probably does not exceed 3 per cent of the total absenteeism.

However, management dislikes estimates and theories, and prefers specific reports such as that of the National Tuberculosis Association or of the R. H. Macy Company, New York City, as published by the National Industrial Conference Board. In 1926, Macy's spent $4.40 per employee per year for medical care, but as the program for preventive medicine expanded, the per capita medical cost gradually rose to $8.74 in 1938. Although the average age of employees increased somewhat during this period, the death rate followed a downward trend, and at the low point of 1935 was 50 per cent less than in 1926. Not only did the death rate decrease, but resignations due to poor health dropped from 9.78 per cent in 1926 to only 1.82 per cent in 1938.

For an organization of more than 10,000 persons, absenteeism is not only costly but difficult to control. Nevertheless, Macy's total absence rate for all causes declined from 4.56 per cent in 1928 to 2.44 per cent in 1937, or a reduction in the rate of over 46 per cent. In addition, the sick and death benefits paid per $1.00 in dues collected by the association declined from $1.24 in 1926 to $0.95 in 1938, and dividends (skipped dues) were declared in 1932, 1934, and 1935.

The medical director of Macy's believes that the reductions in the mortality and disability rates are directly attributable to the company's health program. Through improved safety and health measures, it has also been possible, during the past 5 years, for the company to effect an annual saving of nearly $40,000 in the cost of workmen's compensation.

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*Address presented at the Institutes on Wartime Industrial Health in Inglewood, Glendale, and Huntington Park, August 26-28, 1942.

Author is Personnel Director, Ducommun Metals and Supply Company, Los Angeles, California.

PHYSICAL EXAMINATIONS

Most large companies use a physical examination as a prerequisite of employment for the purpose of (1) eliminating those persons who are unfitted for the job and of those with communicable diseases, (2) the detection of and prescription for remediable defects, (3) the proper placement of those unfitted for one type of work, but entirely fitted for another, and (4) the maintenance of the health of those who are healthy when employed. Follow-up examinations at set intervals also have proven very helpful.

The effectiveness of a health program in industry depends upon the coöperation and understanding of all employees. Coöperation with the community and local health agencies is likewise an important factor, for the relation between industrial health and local conditions is obvious.

ELEMENTS IN AN ADEQUATE SERVICE

The work of educating employees as to how to protect and preserve their health falls short of its objectives if a company does not provide adequate health service facilities for the workers. The following working principles may be considered essential to an adequate service:

1. A definitely organized plan for health service.
2. A definitely designated staff of qualified physicians, surgeons, and attendants, with one physician in charge of the service.
3. Adequate emergency, dispensary, and hospital facilities.
4. Preëmployment and periodic physical examinations, to be made only by qualified medical examiners.
5. Efficient care of all industrial injuries and occupational diseases.
6. Reasonable first-aid treatment and advice for employees suffering from nonindustrial injuries and illnesses while on duty. For further professional care such employees should be referred to their own private or family physician.
7. Education of the employee in accident prevention and personal hygiene.
8. Elimination or control of all health hazards.
9. Adequate records, including physical examination records, from which statistical summaries and analyses of injuries and illnesses should be made periodically.
10. Supervision of plant sanitation and all health measures for employees by the physician in charge.

These principles prevail to some extent or degree in most of the larger companies. In smaller companies an industrial nurse may take the place of a staff physician. In either case, this person should have training beyond the usual requirements in the general principles of personnel administration, unemployment and workmen's compensation, and a general understanding of the processes as they affect the health of the employees. If the medical services are under the supervision of a nurse, obviously her activities would be under the usual restrictions. Therefore, the advice and service of a local industrial physician should be required periodically.

DUTIES OF INDUSTRIAL NURSES

The duties of the nurse would include:

1. First aid for injuries or illnesses occurring to employees while on duty. This care is given under standing orders from the physician.
2. Subsequent dressings or care for injuries or illnesses.
3. Equipment and supervision of first-aid boxes placed at desirable locations in the plant.
4. Responsibility for the general set-up of the plant dispensary.
5. Assistance to the physician with physical examinations.
6. Assistance to employees in securing correction of physical defects and social problems.
7. Responsibility for keeping individual records for each patient, and preparation of a regular report for management and the physician.
8. Assistance to safety program through active membership on safety committee.
9. Contribution to plant program of industrial hygiene and sanitation.
10. Contribution to good industrial relations through service as liaison between management and employees.

A nurse to administer treatment in case of accident, and to give counsel and instruction on health problems, not only to employees but to their families as well, has been widely used in the eastern States, but the practice is just gaining momentum here. Some of the insurance companies handling group policies have made this service available to their clients. A company may, however, make independent arrangements for a visiting nurse's service by direct employment, or by contract with an association employing several nurses strategically located within the community. Although it is difficult to establish a proper attitude on the part of the employees in regard to the visiting nurse, she can render, nevertheless, most valuable assistance, and be of service where there exists illness and distress. If, however, she finds no sickness and discovers that an employee is out for other reasons and so reports, she is immediately looked upon as a truant officer trying to meddle into the employee's private affairs. Her position is extremely difficult, and she must of necessity be a person with an unusual amount of tact and the ability to invite confidence if she is to render service to workers in the promotion of health within the organization and outside as well.

OTHER REQUIREMENTS

The need, cost, and value of a health-service program will determine its extent. Now, more than ever, it should make adequate provision for problems arising out of the necessity for employing men and women in jobs to which they may be neither accustomed nor entirely fitted. Good health is among the incentives to production and good industrial relations. From an economic aspect, in the light of Macy's experience, it is

possible to reduce amounts paid in sickness and death benefits, amounts paid in workmen's compensation, and the cost of employees' days lost. It may be assumed, although no reliable estimates are available, that the cost to the employer, when experienced employees are incapacitated by sickness, is at least one and one-half times the daily wage. Undoubtedly some of the factors covered in the study of industrial accident costs also apply to sickness, as for example, (1) cost of lost time of sick employee; (2) cost of time of other employees required to do the work of the absentee; (3) cost of time lost by foremen, supervisors, or other executives to select, train, or break in new employees; (4) cost of idle machines; (5) cost due to interference with production; (6) cost under welfare and benefit systems; (7) cost of continuing the wages of the sick employee in full after his return, although his services may be only worth about half their normal value on account of his condition. Such are the hidden costs comparable to those summarized by authorities on industrial accidents.

Let us not forget also the humanitarian aspect. War will reap its harvest while manpower at home will strive to shorten its duration.

219 South Central Avenue.

SAN DIEGO MANAGEMENT LOOKS AT INDUSTRIAL HEALTH*

W. Frank Persons
San Diego

THE objective of management in any industrial enterprise is efficient production. In achieving this end, management must take into consideration all factors and conditions, and must maintain them in actual balance.

Within industry, three of the principal factors conditioning efficient production are: (1) plant and facilities, (2) equipment and machinery, and (3) manpower.

Some of the factors determining the efficiency of manpower in the operation of an industrial plant are: careful selection of working personnel; adequate foremanship; sound organization of working force; maintenance of health and morale of personnel; and satisfactory labor relations.

No one of these factors is solely responsible for the successful utilization of manpower in industry. Even the thesis that health is the primary and most essential factor is too simple to be true. This may be said without disparaging the great importance of industrial health. In seeking the most effective employment of manpower in industry, it must be realized that all of the factors act and react upon each other, that each supports and supplements all of the others.

Absenteeism is one of the important factors limiting efficient production. Statistics on the number of man hours lost in industry through absenteeism are appalling. Thus, it has been reported that in a plant employing more than 40,000 workers, there are as many as 2,000 man days a week lost through absenteeism. A very substantial amount of absenteeism could be prevented by more adequate industrial health programs. Provision of proper opportunity for shopping outside of working hours would lessen absenteeism among women charged also with domestic responsibilities.

Enlightened management does regard industrial health as one of the major essentials in the productive enterprise. Accordingly good management is alert not only to the installation and maintenance of adequate plant facilities and machinery, but is equally alert to the adequacy of its program for industrial health, both at the time of induction and throughout the period of employment of its workers.

Physical examination of employees at the time of selection is the general practice of large employers. According to the results of physical examinations employees may be placed in positions for which they are suited. The reluctance on the part of prospective employees to undergo physical examination which has existed in the past is being overcome rapidly. Most applicants for employment now realize that physical examinations are for the protection of the individual and of the group.

Periodic physical examination of employees is not as generally practiced as is physical examination at the time of induction. As techniques for more efficient production are developed, however, it is possible that periodic health examinations will be as fully practiced.

Preventive measures are of more importance than corrective measures. Here again care should be used in interpreting statistics. Thus, a large number of visits to first-aid stations may mean, not a high frequency of accidents due to lack of safety measures, but that employees have been encouraged by management to visit the first-aid station upon receiving very slight injuries, or upon the occurrence of slight ailments. Lack of visits to first-aid stations may mean that employees are careless with respect to minor injuries, and are inclined to "bluff it through," or even are encouraged in that practice by foremen.

One of the major opportunities of management is health education. In many industrial concerns, management has become quite aware of the importance of continuous education with respect to health, not only on the job but also as to personal hygiene and health in the home. As a result of the heavy demands of war production, management has concerned itself with the problems of housing, transportation, nutrition, and fatigue, because it realizes that all of these have their direct effect on the efficiency of the employee.

Management looks at industrial health as one of the most essential factors in the production

* Abstract of address presented at the Institutes on Wartime Industrial Health in San Diego, August 25, 1942.

Author is Director of Industrial Relations, Consolidated Aircraft Corporation, San Diego, California.

program. The lessons to be learned while war production is essential to our very existence as a Nation will not be forgotten; when we enter the period of constructive peace, we shall find that management will attach still greater importance to the maintenance and development of industrial health programs.

Consolidated Aircraft Corporation.

PHYSICIANS' LEGAL RESPONSIBILITIES IN INDUSTRIAL MEDICINE*

C. H. Fry, Esq.
San Francisco

THE Roseberry Employer Liability Law of California, which provided for certain compensation, medical and hospital treatment for industrial injuries, was effective September 1, 1911. In the same year, a constitutional amendment authorized the legislature to enact workmen's compensation laws. These laws, which were made effective January 1, 1914, have been amended many times. In 1917 the act was substantially changed, and the term "injury" substituted for the term "accident." Today "injury" is defined as including any injury or disease arising out of the employment, including injuries to artificial members.

At present, the Compensation Act is not to be found in any one code, but most of it can be found in the Labor Code, the Health and Safety Code, or the Insurance Code. Careful study of the codes and of the court decisions which have been made over a period of years on the various phases of the law is necessary to understand the jurisdiction of the Industrial Accident Commission.

The Labor Code requires that every injury, unless the disability resulting from such injury does not last through the day or does not require medical care other than ordinary first-aid treatment, shall be reported to the Commission. In case of death, the employer must submit a report forthwith by telephone or telegraph.

The term "occupational disease" is not used in the law, and is unnecessary because a disease arising out of the occupation is classed as an injury and, therefore, is compensable in the same way that other injuries are compensable. The requirements for reporting occupational diseases are the same as for reporting any other injury. In 1941, there were 450,793 industrial injuries reported to the Commission, and of these, 113,648 were classed as tabulatable injuries, that is, deaths, permanent disabilities, and temporary disabilities lasting longer than one day. Of the 113,648 injuries, 7,100 were due to "hot, poisonous, and corrosive substances and flames," the classification under which all of the occupational disease cases are included. During 1941, there were 635 industrial deaths, and of these, only 15 were charged to the same heading, "hot, poisonous, and corrosive substances and flames." How many of these could have been classified as occupational diseases, we do not know.

On August 11, 1942, the Commission adopted a resolution providing for the use of standard forms for the reporting of industrial accidents, injuries, or occupational diseases, providing that such injury either disables through the day of injury, or requires medical attention. These forms are for the use of employers, insurance carriers, and physicians, and surgeons.

Many physicians specialize in industrial surgery, but it is only recently that any great number of physicians have given thought to occupational diseases as a group. If the effects on the human body of many of the thousands of chemical compounds that are being put on the market were known to the medical fraternity, provision could be made for protection against the ill effects, if any, of these compounds.

There must be complete coöperation between the chemist, pathologist, pharmacologist, roentgenologist, internist, and the engineer. When the physician states that certain conditions existing in industry are hazardous to health, it is probably within the province of the engineer to provide for the removal or the amelioration of such hazards. Without the coöperation of the entire group, the desired result cannot be achieved.

State Building, Civic Center.

* Abstract of address presented at the Institutes on Wartime Industrial Health in San Francisco, Crockett, Oakland, San Diego, Inglewood, Glendale, and Huntington Park, August 18-28, 1942.

Author is Chief, Bureau of Industrial Accident Prevention, California State Industrial Accident Commission, San Francisco, California.

PROBLEMS IN INDUSTRIAL SURGERY*

Nelson J. Howard, M. D.
San Francisco

THE surgeon who undertakes to treat an injured workman, covered by industrial accident insurance, immediately involves himself in a series of relationships going far beyond the usual patient-physician relationship of private practice.

The physician becomes at once, judge, recording secretary, bursar, and witness. He may, if so inclined, become a venal biased judge, slovenly recorder, or suborned witness. If he so demeans himself, the true patient-physician relationship is destroyed.

Given the same attitude and interest as shown our private patients, the industrial patient maintains the desired relationship. Under such circumstances, less than one-half of one per cent of in-

* Presented at the Institutes on Wartime Industrial Health in San Francisco, Crockett, and Oakland, on August 18, 19, and 21, respectively.

From the department of surgery, Stanford University School of Medicine, San Francisco.

dustrial patients are malingerers or develop compensation neuroses.

One must continue to emphasize that the patient-physician relationship involves confidence and coöperation on the part of the injured individual, and sympathy, honesty, knowledge, and skill of application on the part of the physician. Without these factors existing in each particular case, doubt, mutual distrust, and misunderstanding creep in and mar the traditional relationship, and often impede or may even prevent restoration of function.

Without donning judicial ermine, the physician must judge as to supposed cause and effect in relation to disease. He must be able to judge accurately as to the time an injured patient may be able to return to work without impeding recovery, suffering further harm, or endangering others. When, after the best efforts of the surgeon, further return of function is at an end, one must be able to describe in quantitative terms of the normal, the impairment remaining.

Accurate records are a necessity in industrial surgery, and a man who is proud of his surgery and end results should be equally interested in the recording of those same results. Well-kept records prevent acrimonious discussions with insurance companies and with patients, and simplify the bookkeeping and financial records of the physician.

Fortunately, the laws of the State of California do not place the determination of percentage loss in permanent disability upon the physician. The physician's duty ends in this respect when he has described in objective terms the loss of range of motion (as compared to the normal limb or part), the presence or absence of anaesthesia or paralysis, and similar factors which can be measured or tested quantitatively. Here the physician should act as a disinterested expert witness, not as judge or advocate, neither minimizing nor exaggerating defects which he alone, by virtue of his special training, is qualified to detect.

There is one further duty that the physician should assume, and that I urge each one of you to adopt: namely, the part of voluntary safety engineer. The detection and prevention of safety and health hazards in ordinary employment, as well as in large industrial plants, is one of the fascinating parts of industrial medicine. Although insurance companies employ safety engineers, the first awareness of a hazard may come from the physician.

What advantages accrue to the physician who assumes these extra burdens? First, for seriously-injured persons, the physician can work with the best of equipment and assistance to restore health. Very few workmen with serious injuries can afford prolonged hospitalization, splints, appliances, physiotherapy, or necessary drugs, let alone the physician's fee. Such a patient, as a private patient, forces the surgeon to skimp, cut corners, often to the patient's disadvantage, because the patient cannot pay for necessary services other than that of the physician. A second advantage is prompt payment for the services rendered. Admittedly, industrial fees are low, too low. The California Medical Association has appointed a committee to study the fee schedule with the objective of obtaining adjustments to the greater advantage of the physician.

These few examples will show, I hope, the need for industrial medicine and surgery to be of the highest type. An industrial physician, being proud of his results, should moreover record those results. When he bears witness in permanent disability ratings, he should be an unbiased skillful expert witness. The just interest of the patient must be his primary consideration, so that he may take pleasure in preventing avoidable injury or disease, as well as in restoring injured persons to economic self-sufficiency. And, first and last, the industrial physician should endeavor to preserve the patient-physician relationship which is seen in the best private medical practice.

350 Post Street.

INDUSTRIAL INJURIES: THEIR SURGICAL MANAGEMENT*

BENJAMIN M. FREES, M. D.
Los Angeles

IT has taken two wars and the great surge of industry to place industrial medicine on an equal footing with other specialties in the practice of the art and science of medicine. Twenty-five years ago, this field of medicine was frowned upon; but today it is one of the most important cogs in the Nation's war effort.

An industrial injury bespeaks a three-fold obligation on the part of the physician, namely, to the patient, to the employer, and to the insurance company. The industrial patient is entitled to as high a standard of medical and surgical care as is the patient in private practice. The employer expects efficient treatment of the patient so that the time loss may be as small as possible. The insurance company pays the bills, and the physician's services as to treatment, expense, length of disability and permanent disability are a matter of record to stand in direct comparison with others in this field.

To fulfill these obligations the physician must have the proper mechanical equipment for the surgical management of injuries, and he must maintain systematic records and reports.

SURGICAL CARE PROPER

Minor injuries to soft tissues.—Treatment of these injuries, which constitute a majority of the injuries sustained in industry, is important because too often infection develops from lack of proper care of minor injuries. The wound must

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*Abstract of address presented at the Institutes on Wartime Industrial Health in San Diego, Inglewood, Glendale, Huntington Park, on August 26-28, 1942.

be cleansed thoroughly of any foreign material. Hydrogen peroxide, being an oxidizing agent, has certain advantages. This should be followed by some antiseptic such as merthiolate, mercurochrome, or mecresin. Iodine is not one of the antiseptics of choice.

Wounds containing small foreign bodies.—Judgment must be exercised as to whether the foreign body be left alone. If deep, small, and not involving major structures, particularly joint surfaces and associated with only a puncture wound, we say, *leave it alone*. If superficial and easily accessible, especially in open wounds, one should attempt its removal, but no long, extensive exploration should be performed in office treatment. Patients having wounds in which foreign objects that should be removed are deeply imbedded had best be hospitalized.

Antitetanus serum for open wounds.—The administration of antitetanus serum to all patients having open wounds is still controversial, but until medicolegal opinion changes, the serum should be given to the majority of such patients. Giving the serum without a skin test should be condemned.

Major injuries to soft tissues.—These comprise one of the most important groups of injuries. The treatment consists in thorough débridement, followed by irrigation with a cleansing solution. A simple puncture wound may be a major injury; as for example, a puncture wound over the volar aspect of the wrist which may sever a nerve or an important tendon and go unrecognized. Tendon and nerve repair is one of the most important procedures in industrial surgery, but certainly has no place as an office procedure.

Surgical repair of tendons and nerves.—Very special equipment is required, and time is an important factor. If surgical repair is not possible within a few hours, the wound must be allowed to heal, and subsequent surgery done several weeks later.

Injuries to the abdomen.—It is especially important to differentiate between intra- and extraperitoneal lesions. Early diagnosis is important.

Brain injuries.—These injuries are associated with concussion and contusions, with or without skull fracture, and diagnostically fall into operative or nonoperative cases. Depressions should be elevated. Prognosis, as well as treatment, should be conservative, since too early ambulatory convalescence may prolong the disability.

Hernia.—The physician frequently must pass on the compensability of hernias.

Surgical care versus injections.—A few years ago, this question was a paramount issue, but now appears to have been decided largely in favor of true mechanical repair by surgical procedure.

Eye injuries.—Foreign bodies on the conjunctiva are readily handled, but foreign bodies on the cornea require more serious consideration. A foreign body outside the line of vision can be readily removed by the average industrial surgeon, but foreign bodies in the line of vision should be cared for by competent eye specialists.

Burns.—Treatment of burns is one of the most controversial subjects before the profession today. In major burns, the patient as a whole comes first in the treatment. Shock is combated with morphine and the intravenous injection of blood plasma. In the treatment of the wound, there are two generally accepted methods of treatment, namely, the closed method and the open method.

Back injuries.—Low backache is still unconquerable diagnostically and therapeutically. There apparently is no clinical sign, symptom, or special test, and no combination of these, which can be reliably considered as diagnostic of either the area or type of causative lesion. The differentiation is probably almost entirely of academic interest. If intra-spinal, osseous, neoplastic, and remote causes are eliminated, the remaining 90 per cent of cases of low back and sciatic pain will be found to be muscular, intramuscular, articular, or ligamentous in origin. Of these, regardless of the exact type or area of the causative lesion, 90 per cent will be relieved by identical conservative therapeutic measures, such as rest, strapping, diathermy, massage, and the like. Indiscriminate acceptance of the nucleus pulposa lesion as the cause of low back pain is to be guarded against.

Fractures.—Each fracture presents its own problem and must be handled as such. No fixed method can be outlined for each fracture. Early open reduction and internal fixation are gaining more advocates. With the use of sulfanilamide and finer techniques, results have improved.

Skin lesions.—No other type of cases present the same degree of difficulty in disposition. Early consultation with a skin specialist is recommended.

In conclusion, the importance and indispensability of the industrial nurse should be emphasized. A successful industrial nurse must have a wider scope of training and a more peculiar sense of understanding in handling men and women than any other type of nurse. And I would further emphasize: surround yourself with the best possible consulting staff of specialists that are available in your locality, so that you may avoid some of the pitfalls encountered in the main classes of injuries I have described, and so that you may please all three, the patient, the employer, and the insurance company.

947 West Eighth Street.

MEDICAL EPONYM

Profeta's Law

This law was enunciated by Dr. Giuseppe Profeta (1840-1910), of Palermo, in an article, "Sulla Sifilide per Allattamento [Syphilis from Nursing]," that appeared in *Lo Sperimentale* (IV series 15:328-338 and 339-418, 1865). A portion of the translation follows:

"Thus, the healthy child born of a syphilitic mother may with impunity take the breast of its own mother or that of a syphilitic nurse, and neither the milk nor the presence of infectious lesions on the breast of the mother or the wet nurse is capable of transmitting the disease.—R. W. B., in *New England Journal of Medicine.*

CALIFORNIA MEDICAL ASSOCIATION

This department contains official notices, reports of county society proceedings and other information having to do with the State Association and its component county societies. The copy for the department is submitted by the State Association Secretary, to whom communications for this department should be sent. Rosters of State Association officers and committees and of component county societies and affiliated organizations, are printed in the front advertising section on pages 2, 4 and 6.

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† For complete roster of officers, see advertising pages 2, 4, and 6.

OFFICIAL BUSINESS

COUNCIL OF THE CALIFORNIA MEDICAL ASSOCIATION: MINUTES

Minutes of the Three Hundred Fifth (305th) Meeting of the Council of the California Medical Association*

Meeting was called to order in room 404 of the Jonathan Club at Los Angeles, on Sunday, September 13, 1942, at 10:00 A.M., Chairman Philip K. Gilman, presiding.

1. **Roll Call:**

Present: Chairman Philip K. Gilman, and Councilors William R. Molony, Sr., Henry S. Rogers, Lowell S. Goin, E. Earl Moody, Dewey R. Powell, Sam J. McClendon, Edward B. Dewey, Louis A. Packard, Axcel E. Anderson, R. Stanley Kneeshaw, Frank R. Makinson, Frank A. MacDonald, Calvert L. Emmons, John W. Cline, John W. Green, Edwin L. Bruck, Donald Cass, and George H. Kress, Secretary-Treasurer.

Absent: President-Elect Karl L. Schaupp.

Present by invitation: E. Vincent Askey, Vice-Speaker; Dwight H. Murray, Chairman of Committee on Public Policy and Legislation; Edward M. Pallette, Procurement and Assignment Service; A. E. Larsen, Secretary, California Physicians' Service; John Hunton, Executive Secretary; Hartley F. Peart, Legal Counsel; Howard Hassard, Associate; Ben Read, Secretary, Public Health League; Mr. Nicola Giulii, and Mr. Walter Swanson.

2. **Minutes:**

Minutes of the following meetings of the Council and the Executive Committee were approved:

(a) Council Meetings: 300th meeting, May 3, 1942; 301st meeting, May 4, 1942; 302nd meeting, May 5, 1942; 303rd meeting, May 6, 1942; and 304th meeting, May 7, 1942.

(Abstracts were printed in C. & W. M., June, 1942, on pages 357-360.)

(b) Executive Committee Meetings: Organization (176th) meeting, May 7, 1942; meeting, July 11, 1942. (Abstract in August C. & W. M., page 145); meeting of September 8, 1942.

3. **Membership:**

(a) A report of membership was submitted and placed on file. Total number of members who have paid 1942 dues is 6926, this group including 794 members in military service whose dues were paid from the General Fund of the C.M.A. Total number of new members included in the above, 398.

(b) A list of last year's members to a total of 1481, whose 1942 dues have been paid subsequent to April 1, 1942, was submitted, the membership of such members having automatically lapsed on April 1, 1942. On motion duly made and seconded, their active membership for the year 1942 was reëstablished.

(c) Upon motion duly made and seconded, it was voted that Retired Membership be granted to two members whose applications were received in duly accredited

* Reports referred to in minutes are on file in the headquarters office of the Association. Minutes as here printed have been abstracted.

form from their respective component county societies:
Joseph A. Champion, San Bernardino County.
Will R. Manning, Ventura County.

4. Financial:

(a) Executive Secretary Hunton made reports of finance as follows:

Report of finances as of September 12, 1942; and report of income and expenditures for August and for 8 months ending August 31, 1942.

(b) Concerning members who have been in military service and who have returned to civilian practice, it was voted that such members should again become paying members, the dues being prorated, with exemption for the military service periods.

(c) For several years, the California Medical Association has granted subsidies of twenty-five cents per active member to the Lane Medical Library of San Francisco and to the Barlow Medical Library of Los Angeles; these two institutions in return maintaining special packet service and similar activities for members of the Association.

It was voted that for the year 1942 the twenty-five cent payment should be made for only such active members as have themselves paid their annual dues. There will be no library allocations for members in military service, whose dues are paid from the General Fund of the California Medical Association.

(d) Concerning C.P.S. or other coverage for clerical employees of the central C.M.A. office, Council Chairman Gilman was empowered to appoint a committee to report thereon.

(e) The action of Council Chairman Gilman in accepting the advice of the Legal Counsel that court action be not commenced to recover federal deficiency tax assessments paid in years 1936-1939, inclusive, was approved.

5. Resignations and Appointments:

Report was made concerning resignations and tentative appointments made by the Council Chairman. On motion made and seconded, the same were approved:

(a) *Editorial Board:*
Resigned from Pathology: Dr. David A. Wood, San Francisco.
Appointed to fill vacancy: Dr. Alvin Cox, San Francisco.

(b) *Special Committee on Industrial Fee Table:*
Resigned: Dr. Morton R. Gibbons, San Francisco.
Appointed to fill vacancy: Dr. Donald Cass, Los Angeles.

(c) *Committee on Postgraduate Activities:*
Resigned: Dr. Francis Rochex, San Francisco.
Appointed to fill vacancy: Dr. Dan Delprat, San Francisco.

(d) *Technical Advisory Committee for Nutrition of Workers in War and Related Industries:*
Appointed: Dr. John V. Barrow, Los Angeles.

6. California Physicians' Service:

(A) The Council gave consideration to a letter dated September 8, 1942, received from California Physicians' Service, through its Secretary, Doctor A. E. Larsen. Action on the items contained therein was as follows:

(a) Concerning the possibility of California Physicians' Service making a contract with the National Housing Agency to render medical care to war workers residing in Federal Housing Projects, the state-wide plan proposed by C.P.S. was given approval, through adoption by the Council of the resolution on the same subject recommended by the Executive Committee of the California Medical Association at its meeting of September 8, 1942:

Resolved, **That the C.M.A. Executive Committee believes that it is to the best interests of present and future medical practice in California, both as regards physicians now in civilian practice and to colleagues in the armed services, that the provision of medical and collateral service designed for citizens attached to Federal Housing projects be carried through in harmony with a state-wide plan, as laid down in principles that have been enunciated by the House of Delegates of the California Medical Association; it being stipulated that the state-wide plan shall provide for fullest possible control and coöperation by local county medical societies and members, in carrying through such medical service in satisfactory manner.**

(b) Report was made upon the development of the C.P.S. program to spread the rural health program, which, in its beginning in the year 1941, had centered in Butte, Sonoma, and Monterey Counties, and which it was now proposed should be placed upon a state-wide basis. It was stated that C.P.S. had informed its professional members in regard to the extension of the plan. The C.M.A. Council gave its approval to the continuation of this work, and to the extension of scope that would place it on a possible state-wide basis.

(c) The plan of the C.P.S. to employ a limited number of refugee physicians in the Federal Housing Projects, placing such physicians on a salary basis, but stipulating that their full time should be given to their salary work, with no permission to engage in private practice in the communities, was discussed. The Council gave its approval to the plan as above outlined.

(B) A situation which had arisen in Santa Clara County, in connection with a large wartime industrial plant, was explained by Officers of C.P.S. and Councilor Kneeshaw of the 5th Councilor District.

It was brought out that this industrial enterprise had to do with production of war materials essential to the welfare of our Country; and under existing wage conditions, a larger number of employees than usual were somewhat above the $3,000 income ceiling limitation. It was stated that the industrial management was kindly disposed to California Physicians' Service and was willing to supplement the regulation monthly prepayments by subsidies, provided arrangements could be made that would insure prompt first-aid care, etc. There would be no attempt to infringe upon professional work coming under the California Industrial Accident Act; it being stated further, that the commercial insurance carrier covering the industrial risks was willing that patients requiring care under the Industrial Accident Act should be cared for by physicians and surgeons in Santa Clara County, where they could receive prompt attention, instead of sending them to one of the more distant metropolitan centers for professional aid.

After considerable discussion, on motion by Cline, seconded by MacDonald, it was voted it be the policy, as regards this and similar cases that might arise, contracts should have safeguarding provisions concerning industrial and nonindustrial professional work rendered by salaried physicians. Further, that the contracts should be made with employee groups rather than with the owners of the establishments; and that when salaried physicians were placed in such plants by C.P.S., the delineation of duties should be clearly defined.

(C) Report was made that a goodly number of members of the Alameda County Medical Association who had resigned as professional members of California Physicians' Service had reconsidered their resignations and had withdrawn the same, and that the conditions in that County were much improved.

(D) The Council considered the information that had come to it that the hospital organization, "Hospital Service of California," with headquarters in the San Francisco Bay region, contemplated the extension of its hospitalization activities by offering medical or surgical

service indemnity contracts.

After discussion, on motion by Cline, duly seconded, it was voted that the Council call the attention of Hospital service of California to the governing rules outlined in Minute No. 7947 of the meeting of November 2, 1935, at which time a special committee, consisting of Doctors C. A. Dukes and Daniel Crosby, brought in a report that was approved; Paragraph No. 1 under the governing rules being as follows:

"1. Hospital services that are provided by nonprofit corporations shall not include medical services or medical care as these have been defined by official action of the House of Delegates of the American Medical Association."

The Council voted that Hospital Service of California be reminded that the original approval of Hospital Service of California by the California Medical Association was conditioned on the governing rules referred to. Further, that Hospital Service of California be informed that the proposed medical service contracts by that organization would be contrary to the conditions under which approval had been given by the California Medical Association; and that if such medical service contracts were written by Hospital Service of California, then the Council of the California Medical Association would have no other option than to withdraw its approval of the hospitalization organization, "Hospital Service of California."

(E) Discussion took place concerning the increasing number of employees who were formerly in the lower income groups, but who under the existing war-time conditions were receiving salaries in excess of the $3,000 ceiling.

The importance of having the medical profession keep in step with other agencies throughout the United States in promotion of wartime efficiency and output was stressed, it being stated that, in all probability, at the end of the duration, the unusual economic conditions now existing, in which many incomes are larger, but living expenses also greater, would probably rectify themselves. In the meantime, it seemed desirable that California Physicians' Service should be permitted to provide service for certain income groups, with full understanding, however, that any variations concerning income ceilings, etc., should be looked upon as of a temporary nature.

It was felt that it would expedite the work of C.P.S. if a general policy could be outlined so that the C.P.S. could proceed without bringing every special incidence for specific action by the C.M.A. Council.

Upon motion by Cline, seconded by Molony, the Council voted that, as a general policy concerning large groups of employees, the $3,000 wage ceiling was desirable, but that California Physicians' Service should be permitted to make contracts even though some employees were above the $3,000 ceiling; provided, however, that when the number of such employees exceeded ten per cent of the whole, then the proposed contract should be referred to the Council for action.

(F) Other problems dealing with shipyards in the northern and southern sections of the State were discussed, but no definite action was taken thereon, it being felt that the principles previously considered by the Council would cover most conditions as they might arise.

7. Basic Science Initiative:

(a) Report was made concerning the Basic Science Initiative. Mr. Read, of the Public Health League, outlined the steps that organization had taken and spoke of procedure plans for the future.

Mr. Read stated that to date no influential lay group had opposed the Basic Science Initiative. Further, that steps had been taken to interest organizations of both men and women in the work ahead and that literature, radio, and speaking bureaus would be utilized to keep the proposed law properly before the public.

For the California Medical Association, the general supervision of the Basic Science campaign will be under the care of a steering committee consisting of Doctors John W. Cline of San Francisco; Frank R. Makinson of Oakland, and John W. Crossan of Los Angeles.

8. Physicians' Benevolence Fund:

(a) Doctor Axcel E. Anderson made a report on behalf of the Physicians' Benevolence Committee of the California Medical Association, outlining its work to date, explaining some of its difficulties, and indicating some of its hopes for the future.

9. American Medical Association:

(a) The Annual Session of the American Medical Association, which by action of the House of Delegates of the American Medical Association two years ago, was scheduled to be held in San Francisco in the year 1943 on date to be selected by the A.M.A. Board of Trustees, was then taken up for consideration.

Doctor Edward M. Pallette, newly-elected Trustee of the American Medical Association, who was present by invitation, outlined the problem to be considered by the A.M.A. Trustees, in relation to the San Francisco meeting in 1943.

A full discussion ensued in which many Councilors took part. Such items as transportation facilities, military possibilities and needs, room allocations in the Civic Auditorium buildings, funds already appropriated by the City of San Francisco, and other related matters were fully covered.

After further discussion, upon motion by Councilor Cline, President of the San Francisco County Medical Society, the following resolution was unanimously adopted:

Resolved, **By the Council of the California Medical Association, in the event the Board of Trustees of the American Medical Association decides to call no general scientific meetings in the year 1943, limiting the Annual Session to meetings of the A.M.A. House of Delegates, that under such conditions the California Medical Association will have no special interest in the place of meeting; and be it further**

Resolved, **By the Council of the California Medical Association, in case the American Medical Association proceeds in accordance with past custom, to hold a regular annual session, with section meetings, scientific and technical exhibits; that under such conditions, next year's annual session should be held in San Francisco in accordance with the action taken by the A.M.A. House of Delegates, it being agreed that in case, later on, military circumstances should arise necessitating other arrangements, the A.M.A. Board of Trustees could always take appropriate action.**

(b) Discussion was had concerning per diems for Delegates of the California Medical Association to sessions of the House of Delegates of the American Medical Association. Although the by-laws do not classify such delegates as officers, it was felt that they were acting in the same capacity as officers of the California Medical Association, and it was agreed that they should not be put to too great a money loss in attendance at these meetings. It was pointed out that it was almost universal custom of state medical associations to cover the expenses of their delegates. Upon motion by Moody, seconded by Packard, it was voted that the regulation per diem for officers should be paid to C.M.A. Delegates to cover a time period of attendance and return by the most direct route. First class rail transportation and lower berth also to be allowed.

10. Rebate Resolutions:

(a) Attention of the Council was called to a letter received from the American Medical Association, through

its Secretary, Doctor Olin West, regarding resolutions adopted by the House of Delegates of the A.M.A. concerning rebates, the same having been submitted by the C.M.A. House of Delegates. (Reference: August, 1942 issue of CALIFORNIA AND WESTERN MEDICINE, pages 151-153.)

11. Prescription Blank Proposal:

A communication from a banknote company regarding prescription blanks was considered.

It was voted that the California Medical Association could not become a party to a plan that would promote any type of advertising.

12. Fee Table of the California Industrial Accident Commission:

Report was made by Councilor Cass for the Special Committee on Fee Tables (consisting of Doctors Cass, MacDonald, and Hoag), concerning plans to present to the Industrial Accident Commission proposals for increase in fee-table rates for professional services rendered to citizens coming under the Industrial Accident Act.

Upon motion duly made and seconded, a special committee consisting of Council Chairman Gilman, Legal Counsel Peart, and Executive Secretary Hunton was appointed to coöperate with the Special Committee on Fee Table, and to have power to secure additional aid if necessary, in the attainment of the desired objectives.

13. Procurement and Assignment Service:

Doctor Edward M. Pallette of Los Angeles, and Chairman of Procurement and Assignment for the fourteen southern counties of California, was called upon for a report concerning the procurement work. Doctor Pallette spoke of the present situation, stating that in some of the rural communities, owing to the limited number of physicians remaining, no further procurements could be taken therefrom, and that the filling of California's quota of something like 2800 physicians by December 31, 1942, now must come largely from the metropolitan areas.

14. Legal Report:

Legal Counsel Peart reported on several interesting medical-legal cases.

As regards services recently rendered by Messrs. Maurice Rankin and Louis O'Neal in San Jose, motion was made by Anderson, seconded by Kneeshaw, that a vote of thanks be tendered these gentlemen for their generous coöperation.

15. Annual Joint Conference of County Society Secretaries and C.M.A. Officers:

Association Secretary Kress called attention to the annual joint conference of County Society Secretaries and C.M.A. Officers, and Chairmen of Standing and Special Committees of the State Association.

After discussion, it was voted that the Council should hold its next meeting on Saturday, February 27, 1943, and that the annual joint conference with County Society Secretaries should be held on Sunday, February 28, 1943.

16. Proposed School for Medical Record Librarians:

A letter received from Councilor Makinson concerning a proposed school, "School for Medical Record Librarians" was read and referred to the Standing Committee on Hospitals, Dispensaries, and Clinics (J. Norman O'Neill, Benjamin W. Black, and Walter Rapaport) for report and recommendations.

17. Resignation of Councilor Louis A. Packard:

Councilor Louis A. Packard presented his resignation as Councilor for the Third Councilor District, stating that he would be away from the State for some time.

Upon motion duly made and seconded, the resignation was accepted with regret.

The Council voted that Council Chairman Gilman should appoint a committee to submit names for a successor to Doctor Packard, whose term expires in 1943. Council Chairman Gilman stated he would ask the Presidents of the county societies in the Third Councilor District to send such names to him, these then to be submitted to the Council.

18. The Present Complexion of State Boards:

In an informal discussion, the importance of keeping in touch with the State Board of Public Health and the State Board of Medical Examiners was brought out, attention being called to the fact that these Boards have great authority and influence over matters concerned with the public health and the best interests of medical practice. It was felt that members of the medical profession should remain in touch with the members of such Boards, and with related governing bodies, in order that standards to which the medical profession is committed should be kept constantly in mind.

19. California State Chamber of Commerce:

Upon motion by Dewey, duly seconded, it was voted that the California State Chamber of Commerce be granted a donation of $50.00.

20. Membership Requirements for Physicians Seeking Admission to Membership in Component County Units of the California Medical Association:

Discussion was had concerning the large number of physicians in California who are licensed and who have not secured citizenship.

It was voted that the Association Secretary communicate with the component county medical societies, informing them that the Council submitted the suggestion that each component county unit might well consider whether it would not be desirable to demand citizenship as one of the requirements for membership.

21. C.M.A. Annual Session in 1943:

It was agreed that plans previously outlined for next year's annual session of the California Medical Association, to be held at Del Monte, should be carried through, the C.M.A. Executive Committee or Council being in position to change the same should conditions so warrant.

2. Nurses' Unions in California Hospitals:

Informative discussion took place concerning the nursing situation in the San Jose Hospital and in connection with a recent Nurses' Union and a strike of hospital nurses. No action was taken thereon.

23. Adjournment:

Upon motion duly made and seconded, it was voted to adjourn, the Council to meet again on Saturday, February 27, 1943, unless a special meeting is called prior thereto.

PHILIP K. GILMAN, *Chairman.*
GEORGE H. KRESS, *Secretary.*

Abstract of Minutes: California Medical Association Executive Committee*

Minutes of Meeting of the Executive Committee of the California Medical Association, Held in San Francisco and Vallejo, Tuesday, September 8, 1942

A meeting of the C.M.A. Executive Committee was

* Full minutes of the Executive Committee meeting have been mailed to all councilors, and copies are also available for inspection in the central office of the Association.

called to order in the office of the California Medical Association, 450 Sutter Street, San Francisco, on Tuesday, September 8, 1942, at 5:00 p.m.

1. **Roll Call:**

Present were Doctors William R. Molony, Sr., Karl L. Schaupp, and George H. Kress of the Executive Committee. Also Doctor A. E. Larsen of California Physicians' Service, and Mr. John Hunton, Executive Secretary of the California Medical Association.

Later, at Vallejo, Past-President Henry S. Rogers joined the Committee, and a quorum being present at the time, a formal meeting was held in the Casa Del Vallejo. In Vallejo, Councilor John W. Green was also present.

2. **Consideration of Medical Service to Citizens in Housing Projects:**

A general discussion took place concerning problems connected with provision of medical service and hospitalization for the hundreds of citizens in Solano County who are in residence in federal housing project units.

Doctor A. E. Larsen outlined the status of negotiations with Federal Housing Authorities, with special relation to a state-wide plan that would permit the Federal Housing Authorities to negotiate with California Physicians' Service as a State agency that could provide medical service and hospitalization to citizens who are resident in many of the housing projects that have been brought into existence in California in order to better supply products needed by the Armed Forces of the United States.

In the discussion which followed, it was emphasized that, while California Physicians' Service would be the central agency in California, through which certain plans could be put in operation, C.P.S., in entering any project located in California, would make it a rule to always confer with the local county medical society and local medical profession in an effort to work out details of procedure that would be satisfactory to the local profession; and the local county society, and local profession to be permitted to have as much control and authority as possible.

After further discussion, the following motion made by Dr. Schaupp, seconded by Dr. Molony, was put by Executive Committee Chairman Rogers:

Resolved, That the C.M.A. Executive Committee believes that it is to the best interests of present and future medical practice in California, both as regards physicians now in civilian practice and to colleagues in the armed services, that the provision of medical and collateral service, designed for citizens attached to Federal Housing projects, be carried through in harmony with a state-wide plan, as laid down in principles that have been enunciated by the House of Delegates of the California Medical Association; it being stipulated that the state-wide plan shall provide the fullest possible control and coöperation by local county medical societies and members, in carrying through such medical service in satisfactory manner.

The motion was unanimously approved.

It was also agreed that Executive Committee Chairman, Henry S. Rogers, with the permission of President Snoddy of the Solano County Medical Society, should introduce the speakers who would present the entire subject to the members of the Solano County Medical Society; it being agreed that the first talk should be made by C.M.A. President, William R. Molony, Sr., the second by Doctor A. E. Larsen, and the third by President-Elect Karl L. Schaupp, the subject then to be thrown open to general discussion. This was done

(Note. At the meeting of the Solano County Medical Society the above procedure was carried through. Doctor John W. Green of Solano County, making a motion that the Solano County Medical Society accept and give its approval to the above resolution as adopted by the C.M.A. Executive Committee. Doctor Larsen, of California Physicians' Service, informed the members of the Solano County Medical Society that, as the representative of C.P.S., he would make every effort to carry through the plans as submitted in manner to be agreeable to the Solano County Medical Society. After free discussion, President Snoddy of Solano County put the question, no negative votes being cast.)

HENRY S. ROGERS, *Chairman*,
GEORGE H. KRESS, *Secretary*.

Meeting of A.M.A. in San Francisco, in 1943, Cancelled

(COPY)

AMERICAN MEDICAL ASSOCIATON

Olin West, M.D., Secretary and General Manager
535 North Dearborn Street, Chicago

September 22, 1942.

Dr. George H. Kress, Secretary,
California Medical Association,
450 Sutter Street,
San Francisco, California.

Dear Doctor Kress:

(1) *Cancellation of San Francisco Session in 1943*:*

After prolonged and intensive consideration, the Board of Trustees of the American Medical Association has come to the conclusion that the annual session of the Association scheduled to be held in San Francisco in 1943 should be cancelled. An official announcement to that effect will appear in the *Journal* of the Medical Association. This decision of the Board of Trustees was made after securing the best available official information and after thorough consideration of the many factors involved.

(2) *A. M. A. House of Delegates Will Meet in Chicago in 1943:*

An official meeting of the House of Delegates of the American Medical Association will be held in Chicago at a time to be announced.

(3) *Annual Conferences of State Association Secretaries and Editors, in Chicago, Nov. 20-21, 1942:*

The Annual Conference of Secretaries of Constituent State Medical Associations will be held at the Association's offices in Chicago on November 20 and 21, for the purpose of discussing existing problems and problems that may develop as the result of the intensification of the war program. Your kindness will be greatly appreciated if you will suggest topics for the Conference program. It is the desire of the Board of Trustees and of other officers of the American Medical Association that the program pertain to matters of important common interest and it is hoped that the papers and discussions presented before the Conference can be made as helpful as possible to secretaries, editors and other officials of the constituent state medical association. . . .

With all good wishes, I am,

Sincerely yours,

OLIN WEST.

What an exciting super-tomorrow it will be! Americans are today making the greatest scientific developments in our history. That is a promise of new levels of employment, industrial activity and human happiness.—*Clarence Francis.*

These are the times that try men's souls; the Summer Soldier and the Sunshine Patriot will, in this crisis, shrink from the service of his country but he that stands it now deserves the love and thanks of Man and Woman.
—*Thomas Paine.*

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* Subheads inserted by C. and W. M.

CALIFORNIA COMMITTEE ON PARTICIPATION OF THE MEDICAL PROFESSION IN THE WAR EFFORT†

Medical Journals: For Colleagues in Military Service

In the September issue of C. and W. M., on page 169, appeared editorial comment on a plan to forward medical journals to the Hospital Stations of Army, Navy and Air Force camps now located in California.

This work is being carried on by the California Medical Association—through its Committee on Postgraduate Activities in coöperation with the medical libraries of the University of California, Stanford, and the Los Angeles County Medical Association.

This notice will appear in this department every month.

If you have not read the editorial outline of the plan in the September issue, you are urged to do so.

The addresses of the three libraries follow:

U. C. Medical Library, The Medical Center, 3rd and Parnassus, San Francisco, California.

Lane Medical Library, Clay and Webster Streets, San Francisco, California.

Los Angeles County Medical Library Association, 534 South Westlake, Los Angeles, California.

If more convenient, you can send journals to: C. M. A. Postgraduate Committee, Room 2008, Four Fifty Sutter, San Francisco, California.

Continued coöperation by component county medical societies, and by medical staffs of hospitals (through officers, volunteer or other committees) is requested.

Letter from Harold A. Fletcher, M. D., Chairman of California Procurement and Assignment Service: Re Personal Interviews and Other Work

(COPY)

Office for Emergency Management

OFFICES OF DEFENSE HEALTH AND WELFARE SERVICES

Director: Federal Security Administrator

Washington, D. C.

San Francisco Office, Room 1435, 450 Sutter Street

San Francisco, California, Sept. 22, 1942.

Dear Doctor Kress:

Until about two weeks ago I, as Chairman for the Procurement and Assignment Service for Physicians for California, had endeavored to hold as many personal interviews with physicians as possible. This meant giving a tremendous amount of time to personal interviews. As you know, the Chairman for Procurement and Assignment is not paid by the Government and receives no compensation from any source. The position should be a full time position as the importance of this program demands a tremendous amount of work, both on the part of the Chairman as well as on the part of the County Committees of Procurement and Assignment. I have been very glad to give unsparingly of my time and energy to this work and am continuing to do so. For long intervals it was necessary practically to give up my private practice and to devote from 14 to 16 hours a day solely to the work of Procurement and Assignment.

Until recently we have had very little clerical help furnished by the Government. More recently, since Procurement and Assignment has come under the office of War Manpower, we have received more help in the nature of secretarial and stenographic services. Even now, however, we are very much understaffed but are hoping to obtain further help.

In view of the above conditions, I have been forced to discontinue personal interviews with either local physicians or physicians from other counties. There just has not been the time to hold these personal interviews. The tremendous amount of time and energy which I have had to give to this work has created too great a strain to carry on this practice. I feel that the possible publication of this letter in the JOURNAL may lead to an understanding of my position and the reason for not holding personal interviews on the part of physicians who might naturally feel a personal interview in their case most necessary.

I wish to again express thanks and appreciation of the wonderful coöperation I have had from the office of the California State Medical Association. Without the help which has been so generously given me I could not have carried this work on at all. Mr. John Hunton has been able to take over a great deal of executive work, particularly recently, and is still continuing to hold personal interviews with physicians who I have not had the time to interview myself for the reasons stated above.

With my kindest personal regards, I remain,

Sincerely yours,

(Signed) HAROLD A. FLETCHER, M. D.,
California State Chairman for Physicians, Procurement and Assignment Service.

Northern California Committee of Procurement and Assignment

Office for Emergency Management

OFFICE OF DEFENSE HEALTH AND WELFARE SERVICES

Director FEDERAL SECURITY ADMINISTRATOR
Procurement and Assignment Service
Board: Frank H. Lahey, M. D., *Chairman*
Harvey B. Stone, M. D. Harold S. Diehl, M. D.
James E. Paullin, M. D. C. Willard Camalier, D.D.S.

Washington, D. C.

San Francisco Office, Room 1435, 450 Sutter Street

San Francisco, Calif., Sept. 22, 1942.

To the Editor:—I feel that it might be advisable for you to publish the names of the Northern California Committee of Procurement and Assignment which I appointed some time ago. I have long felt that such a committee was advisable but had originally been told that aside from county committees the various state chairmen were not to appoint a central state committee. Since the appointment of this committee I have recently received directions and authorization to form such a committee. The following is the committee of Procurement and Assignment for *Northern* California:

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† Harold A. Fletcher, M. D., 490 Post Street, San Francisco, is the State chairman on Procurement and Assignment Service, with supervision of all counties north to the fourteen southern counties.

Associate California chairman for the fourteen southern counties is Edward M. Pallette, M. D., 1930 Wilshire Boulevard, Los Angeles.

Roster of county chairman on Medical Preparedness appeared in CALIFORNIA AND WESTERN MEDICINE, August, 1940, on page 86.

U. S. Army Medical Corps Recruiting Boards are in charge of Major F. F. South, MC, at room 1331, 450 Sutter St., San Francisco (EXbrook 0450), and Major C. A. Darnell, 1930 Wilshire Boulevard, Los Angeles (FEderal 1953).

For roster of Procurement Service Committees of County Medical Societies, see July issue of CALIFORNIA AND WESTERN MEDICINE, on pages 93-94.

George E. Ebright, M. D., Vice-Chairman, 384 Post Street, San Francisco.

Albert M. Meads, M. D., 251 Moss Avenue, Oakland.

R. Stanley Kneeshaw, M. D., Medical Dental Building, San Jose.

Henry S. Rogers, M. D., Petaluma.

Clinton D. Collins, M. D., 2607 Fresno Street, Fresno.

With my kindest personal regards, I remain,

Sincerely yours,

HAROLD A. FLETCHER, M. D.,
California State Chairman for Physicians, Procurement and Assignment Service.

* * *

Southern California Committee on Procurement and Assignment

Office for Emergency Management
OFFICE OF DEFENSE HEALTH AND WELFARE SERVICES
Procurement and Assignment Service
1930 Wilshire Boulevard
Los Angeles, September 25, 1942.

To the Editor:—My committee for Southern California on Procurement and Assignment Service is as follows:

C. G. Toland, M. D., 1925 Wilshire Boulevard, Los Angeles.

William H. Kiger, M. D., 1925 Wilshire Boulevard, Los Angeles.

William R. Molony, M. D., 1930 Wilshire Boulevard, Los Angeles.

Charles W. Anderson, M. D., Bishop.

John L. Parker, M. D., 120 South 6th Street, Brawley.

William H. Moore, M. D., Haberfelde Building, Bakersfield.

Lionel W. Sorenson, M. D., Corcoran.

H. G. Huffman, M. D., 215 South Main, Santa Ana.

William W. Roblee, M. D., 3616 Main Street, Riverside.

Emmett L. Tisinger, M. D., 575 Fifth Street, San Bernardino.

Bryant Simpson, M. D., Medico-Dental Building, San Diego.

Ira B. Bartle, M. D., 722 Marsh Street, San Luis Obispo.

Hugh F. Freidell, M. D., 1515 State Street, Santa Barbara.

A. W. Preston, M. D., 222 West Willow, Visalia.

Grundy C. Coffey, M. D., 23 South California Street, Ventura.

Cordially yours,

(Signed) EDWARD M. PALLETTE, M. D.,
Vice-Chairman, State of California, Procurement and Assignment Service.

On: Commissions to Physicians

Office for Emergency Management
WAR MANPOWER COMMISSION
Procurement and Assignment Service for Physicians, Dentists, and Veterinarians
Washington, D. C., September 9, 1942.

Dr. Harold A. Fletcher,
Rm. 1435, 450 Sutter St.,
San Francisco, Calif.

Dear Dr. Fletcher:

It is important that all Corps and State Chairmen acquaint themselves with the new regulations concerning the granting of commissions to physicians, as detailed in this release from the Surgeon General's Office.

It is suggested to State Chairmen that if this information has not been published in your State Journal you submit it to the editor for publication in the next issue.

Sincerely yours,

(Signed) FRANK H. LAHEY, M. D., *Chairman.*

* * *

(COPY)
WAR DEPARTMENT
Services of Supply
Office of The Surgeon General
Washington
August 22, 1942.

The Surgeon General of the Army published detailed information concerning policies governing the initial appointment of physicians as medical officers on April 23, 1942. Necessary changes are given wide publicity, at his request, in order that the individual applicants, and all concerned in the procurement of medical officers, may know the status of such appointments.

The current military program provides for a definite number of position vacancies in the different grades. The number of such positions must necessarily determine the promotion of officers already on duty and, in addition, the appointment of new officers from civilian life. Such appointments are limited to qualified physicians required to fill the position vacancies for which no equally well qualified medical officers are available. Such positions calling for an increase in grade should be filled by promotion of those already in the service, insofar as possible, and not by new appointments.

If this policy is not followed, it would definitely penalize a large number of well qualified Lieutenants and Captains already on duty by blocking their promotions which have been earned by hard work. In view of these facts, it has been deemed necessary to raise the standards of training and experience for appointment in grades above that of First Lieutenant.

With this in view, the Surgeon General has announced the following policy which will govern action to be taken on all applications after September 15, 1942:

All appointments will be recommended in the grade of First Lieutenant with the following exceptions:

Captain:

1. Eligible applicants between the ages of 37 and 45 will be considered for appointment in the grade of Captain by reason of their age and general unclassified medical training and experience.

2. Below the age of 37 and *above* the age of 32, *consideration* for appointment in the grade of Captain will be given to applicants who meet all of the following minimum requirements:

a. Graduation from an approved medical school.

b. Internship of not less than one year, preferably of the rotating type.

c. Special training consisting of 3 years' residency in a recognized specialty.

d. An additional period of not less than 2 years of study and/or practice limited to the specialty.

3. Eligible applicants who previously held commissions in the grade of Captain in the Medical Corps (Regular Army, National Guard of the United States, or Officers Reserve Corps) *may be considered* for appointment in that grade provided they have not passed the age of 45 years.

Major:

1. Eligible applicants between the ages of 37 and 55 *may be considered* for appointment under the following conditions:

a. Graduation from an approved school.

b. Internship of not less than one year, preferably of the rotating type.

c. Special training consisting of 3 years' residency in a recognized specialty.

d. An additional period of not less than 7 years of study and/or practice limited to the specialty.

e. The existence of appropriate position vacancies.

f. Additional training of a special nature of value to the military service, in lieu of the above.

2. Applicants previously commissioned as Majors in the Medical Corps (Regular Army, National Guard of the United States, or Officers Reserve Corps) whose training and experience qualify them for appropriate assignments may be *considered* for appointment in the grade of Major provided they have not passed the age of 55.

Lieutenant Colonel and Colonel:

In view of the small number of assignment vacancies for individuals of such grade, and the large number of Reserve Officers of these grades who are being called to duty, such appointments will be limited. Wherever possible, promotion of qualified officers on duty will be utilized to fill the position vacancies.

Much misunderstanding has arisen concerning recognition by Specialty Boards and membership in specialty groups. It will be noted that mention is not made of these in the preceding paragraphs. This is due to the variation in requirements of the different Boards and organizations. Membership and recognition are definite factors in determining the professional background of the individual, but are *not* the deciding factors, as so many physicians have been led to believe.

The action of the Grading Board, established by the Surgeon General in his office, is final in tendering initial appointments. Proper consideration must be given such factors as age, position vacancies, the functions of command, and original assignments. All questionable initial grades are decided by this Board. Due to the lack of time, no reconsideration can be given.

There are in the age group 24-45 more than a sufficient number of eligible, qualified physicians to meet the Medical Department requirements. It is upon this age group that the Congress has imposed a definite obligation of military service through the medium of the Selective Service Act. The physicians in this group are ones needed *now* for active duty. The requirements are immediate and imperative. Applicants beyond 45 years may be considered for appointment only if they possess special qualifications for assignment to positions appropriate to the grade of *Major* or above.

Selective Service Examinations and Coöperation of Component County Medical Societies

(COPY)

State of California
DIRECTOR OF SELECTIVE SERVICE
Plaza Building, Sacramento

September 7, 1942

Dear Doctor Kress:

Just as every community is feeling a loss of Doctors into the Service, so the Selective Service finds itself in difficulty in some few spots in California—due to the fact that available medical personnel is becoming scarce.

It is most simple to understand that in those areas where men are not being satisfactorily processed in numbers, there is no delivery of the necessary manpower to fill our forces, for—the delivery of registrants to Induction Stations depends upon the smooth working of a team. This team consists of a Local Board, clerks of that Board, and the Examining Physicians of the Board. If any one of the three components of the team falls down, all fall. We experienced some failure in August, and I am pleased to tell you that the medical failure accounted for but a very small percentage of our loss. In other words, the close to 3000 medical men who are examining for us in California are accomplishing a "swell job"—even though some are doing it "the hard way."

It is this last fact that causes me to write. Although the "hard way" or "piecemeal" method of examining has accomplished our end (except for some few exceptions), our over-all survey discloses most surely that it will not hold up as our demands grow heavier. Unlimited numbers, however, may be processed in the simplest of manners, and without real effort, when a method of "line production" is established in any locality. A group, properly organized around even but two Doctors—yes, even one—may handle hundreds of registrants in but one or two hours per week.

To advise all of our Examiners of the urgency of such 'grouping' the attached letter was sent to them last week. We feel that this problem of making certain that the medical portion of the team (upon which the production of an army depends) properly functions is so important that we should like this message re-run in CALIFORNIA AND WESTERN MEDICINE. We know that we can depend upon you to publish that letter in the next issue of the JOURNAL, and thus make certain of reaching not only our present Examiners, but also all of your members whom we must consider as potential Selective Service Examiners.

A minute to study this last statement:—With the recent completion of organization for this work by one of the large component societies, we can state that most points in the State are now in good shape to "back the line." This organized effort must be complete. Therefore—now—through you and the officers of the Society, we are asking that every member of the C.M.A. who does not enter the service, be listed in a County Society pool; that such Doctors be made available for the work whenever they might be called upon to serve. The method of handling this problem in the Societies where the results have been excellent, has been as follows:—The Secretary or the Chairman of a Committee especially designated for this purpose, maintains a list of available Doctors (all of them, in several Societies) and that roster includes information which discloses upon which days or nights the particular Doctor is available. When any group loses a Doctor to the service, either the Selective Service Coördinator of the District or the Local Board or group of Boards concerned, calls upon the Secretary of the Local Society to supply an Examiner from the roster, so that the necessary numerical strength of the examining group is maintained.

We can make a most certain statement—if the Doctors will so organize for this work and will follow our suggestions in the accompanying letter, no one Doctor should be called upon for more than about two hours' work per week in this primary medical need. We say "primary" because, as "night" follows "day," so "no army" follows "no examining"—and—"no future 'American' Doctor" follows "no army."

It might seem to you as though our constant close association with the Selective Service medical problem has made us look upon this specific picture in a manner which is out of proportion to the entire medical picture. But you recognize that the discussion of this problem as above, when we called the problem a primary one, is most correct. This becomes more so when you consider that the numbers to be delivered by Selective Service grow increasingly greater and greater and when you are advised that shortly we deliver not only to the army, but to all of the services.

May I again express my sincere thanks to you and to the organized profession for your continued and constant coöperation.

Very truly yours,
(Signed) BERT S. THOMAS,
Lt. Colonel, M.C., U.S.A.,
Chief, Medical Division.

* * *

(COPY)

STATE HEADQUARTERS SELECTIVE SERVICE
STATE OF CALIFORNIA
Plaza Building, Sacramento

September 1, 1942.

To Doctors:

"Line Production"—Not Piecework—Is the Present Selective Service Medical Need

During the two years of our medical association in the medical examining of the Selective Service—a splendid "job" has been accomplished by you in California. Thank you most sincerely.

We chat for a few minutes, now—on the work to come. We will constantly have Doctors leaving for the service. We shall be constantly called upon to deliver more and more to you for Selective Service examinations. This means that, in those localities where Doctors have not followed our constant admonition to organize in

groups for this examining, those Doctors and Local Boards will be unduly burdened and will not be able to meet the needs of the services.

Wherever Doctors have been organized for group examining, the work is proceeding splendidly. We can report to you that, in all large centers, such organization has been accomplished and no matter how many Doctors are drawn from the community, the Selective Service load will be carried.

We worry a bit about some smaller centers where Doctors still insist upon taking the 20 or 30 per week and examine this number in their own offices. When we invite your attention to the fact that a few doctors (3, 4 or 5), together with clerical help, and, possibly, a nurse or two to aid them, spending a few hours one day or night per week *can process* 300 to 400 in that time—*we give you the entire solution to the problem.* The present "screening" examination (plus the taking of blood) is such that the number just stated *can* be processed in the time stated.

We ask that any Doctors who are still handling 20 or 30 registrants per week in their own offices contact their Local Board, and we are asking the Local Board to contact you—so that *group examining* and only Group Examining will be the plan of action in California (except for a few stragglers who might have to be sent to offices upon rare occasions, and except for other necessary action in isolated localities). Please make these Local Board contacts immediately—for, the load will grow larger and the number of Doctors available will become less.

Thank you kindly for your splendid work and may it continue to be pleasant, nonburdensome, and productive of an armed force second to none on earth. We repeat —our objective may be met by proper organization and "grouping" as outlined above.

(Signed) K. H. Leitch,
State Director of Selective Service.

Lieut. Col. Sam F. Seeley Detached from Procurement and Assignment Service

Under Medicine and the War in this issue of *The Journal*, appears an announcement of the detachment of Lieut. Col. Sam F. Seeley from the position of executive officer of the Procurement and Assignment Service and his transfer to active duty with the Army Medical Department. Since its establishment in October, 1941, Lieut. Col. Sam F. Seeley has held the position as executive officer of this agency, a position which demanded pioneer work, since a similar agency had not previously existed in our governmental system. In this position he made many friends by his invariable cordiality and geniality. He traveled throughout the country speaking to innumerable organizations of physicians, dentists and veterinarians and earned for this agency their respect and coöperation. All who were associated with Lieutenant Colonel Seeley in this work wish him the utmost success in the new assignment to which he has been called.—*Jour. A.M.A.*, Sept. 19, 1942.

War and the Doctor: As Canadian Physicians See It

Canada's Armed Forces will need over 800 more medical officers before next March. This need will be met in several ways. In the first place the draft is now bringing in the unmarried doctors 40 years of age and under. Secondly many doctors have signed up directly with the District Medical Officers or by means of the Canadian Medical Association survey last spring. Although many of the latter group are above military age, the Canadian Medical Procurement and Assignment Board is now calling to service a fair number of these volunteers. The third main group, the one from which the bulk of enlistments are expected, is that consisting of medical men 40 years and under who practice in the urban areas. The country doctors in Ontario have enlisted very much out of proportion to their numbers and there are few rural areas which can now spare any more. This is the reason for the present urgent appeal to the younger doctors who practice in cities and towns. They are needed, and needed immediately.

The problem of providing adequate medical care for the civilian population is also becoming greater. The problem must take second place to that of supplying the fighting forces but it is nevertheless very important. All our ability in organizing the available facilities will be called upon before this war is finished and the sooner the machinery can be perfected the better. The following is an outline of the work done to date together with suggestions for future procedure:

A year ago each county society secretary was written to by central office asking for a report on the distribution of doctors in the county and an opinion as to whether or not this distribution was adequate in relation to population. At central office a wall map measuring about 10 x 20 feet was erected and the location of each qualified practitioner is marked by a colored pin. County maps showing areas served have also been assembled. These maps are constantly kept up-to-date and while they show the distribution of doctors accurately it is difficult centrally to keep track of doctors who are inactive because of age or illness.

Each county society secretary should keep a current record of the county population, the number of active practitioners, and their locations in the county. The county society executive should consider it a duty to meet once monthly for the duration for the purpose of studying the problems of providing adequate care for the people in their area. Some or all of the following methods may be necessary:

1. Instruction of the public.
2. Employment of medical aids.
3. Zoning for emergency calls.
4. Zoning for house calls.
5. Rationing of service.
6. Transfer and subsidizing of doctors.

1. *Regarding instruction of the public* it was thought worth while to try the effect of press releases from central office. Gasoline rationing, the shortage of tires and the decrease in practicing physicians were stressed and the public was requested to consider the doctor's need for rest, and freedom from interruption at meals. A plea was made for the placing of house calls during the morning rather than later in the day. The larger city papers accepted this publicity but the smaller newspapers throughout the province did not respond satisfactorily. The coöperation of the public is most essential and this work could be done more effectively if the county society secretaries would send a few paragraphs at periodic intervals to each newspaper in the county. Stress might well be placed on the value of individual attention to diet and hygiene.

2. *Already the hospitals are planning to train nurses* to do some of the work of interns. Out in practice the same general idea can be applied when the doctor's time is at a premium. A well trained nurse can handle a lot of dressings in both office and home. Many can learn to give anaesthetics for maternity cases and a few can be taught to give intravenous solutions. Cancer patients, diabetics, cases requiring catherization, etc., will receive less personal attention from the doctor and more care from capable members of the household as the war goes on. There are many ways by which the

doctor can efficiently manage his time so as to be available for the acutely ill and yet not neglect the others.

3. *Zoning for emergency calls* should be instituted throughout the province now. There is no reason why a doctor should go 15 miles and use up good tires and gasoline if a lady who faints lives only a mile from another doctor. The county society executives can tentatively map out the zones and have them discussed at a general meeting. When the zones are made definite a copy should be given to each doctor, to the telephone offices, the fire halls, and the police stations.

4. *Zoning for ordinary day visits* will be a later development. When doctors become fewer it will be impossible to give the patient a free choice of physician. In many areas the patient will be lucky to get any physician at all. He certainly won't be in a position to select Doctor X because he belongs to the same bridge club. Nor will Doctor A be going ten miles past Doctor B's office to see a patient while Doctor B goes ten miles past his office to see another patient. The same zones already in use for emergencies can be applied here. Each doctor will know his own and the other areas and will be able to tell the patient which doctor to call. This system would save a tremendous amount of driving especially in the rural areas.

5. *By the rationing of medical services* is meant the limitation or exclusion of luxury care. Neuroses are less common in war time for the simple reason that more people are working. They have less time to think about themselves and their various organs. There will still be some who demand unnecessary attention and even neurotics should not be neglected. But the question should not be "Does he want me?" but "Does he need me?" Luxury medical care is out for the duration.

6. *The final method for ensuring adequate medical care* is the transfer of doctors from urban to rural areas. A certain amount of this may occur through retired practitioners volunteering to help out during the emergency. Another possibility is the increased utilization of the Red Cross Community Doctor Plan. Under this arrangement there is activity by the Red Cross branch in organizing the citizens to subscribe funds. A salary of $4,000 is guaranteed by the Red Cross and a doctor unfit for military service is given a contract for the duration. A further possibility is that governmental authority will be granted to the Canadian Medical P. and A. Board to make transfers and allow subsidies in poorer communities. In other words as long as this war lasts there must be a continued and efficient adjustment to circumstances with every person serving to the best of his ability in the place where he will give his greatest contribution.—Ontario Medical Association *Bulletin*, August, 1942.

On Procurement and Assignment: As Seen By Texas State Journal of Medicine

. . . As has been many times stated by Procurement and Assignment, its responsibility is to see that the armed forces of our country are supplied with doctors 100 per cent, and without any more serious dislocation of civil practice than is necessary. This service must be rendered on strictly an advisory basis. In short, it is up to Procurement and Assignment, through its local, state, and corps area committees, to survey each community in the country, determine the minimum number of physicians necessary to protect the people of any given community, declare that many physicians not available for military service, and conversely, the balance of them as available. This procedure must of necessity be initiated by the county committee. It is a difficult task, and the committee is not to be envied its job. However, it is a necessary task, and the service must be rendered by somebody. Certainly the state chairman cannot sit at his desk and make the survey and the determination. In order to insure equity in the treatment of the communities throughout the country, both the people and the doctors, it was very wisely determined in the beginning that the medical profession should itself handle the situation and make the decisions. The committees of Procurement and Assignment throughout have been appointed by the federal government, but they are, throughout, at least in Texas, committees selected by county medical societies and the State Medical Association. There can be no better method of insuring the acquiescence and coöperation of the medical profession in this most important governmental function.

The State Committee on Procurement and Assignment has been advised from Washington that both the Army and the Navy are in dire need of physicians from the younger age brackets. The reason for this need is the very rapid organization of a very large Army, larger and more rapidly organized than has heretofore been thought possible. The younger men are needed for field service, a service which cannot be rendered by physicians from the upper age brackets, taking them by and large. We do not recall that any of our armed forces have refused to accept a well qualified physician who is beginning to get gray and to wonder what he has done with his money, but the immediate and emergency need is the doctor full of vim, vinegar and vigor, who is able to take the field and stay there whatever betide. . . .

We are not winning this war. We are not going to win this war if we do not get busy, not just a few of us, but all of us, including the medical profession. There won't be any practice of medicine in the sense that we know it if we lose this war. There probably isn't going to be much left of what we now know of it if we win, but certainly we cannot contemplate losing it. We cannot win it without troops, and still more troops, and we cannot put troops in the field without doctors, and still more doctors. Our responsibility is great. It is up to us to ration our services, turning over to the armed forces what they must have, and giving the people what is left. We must not, until we are told to do so, leave the public without at least a minimum of medical service. No one knows what that is or should be. Procurement and Assignment is doing its best to decide, and the medical profession, particularly organized medicine, should sympathize with and support Procurement and Assignment committees in their efforts to render a difficult and frequently embarrassing service.

Gasoline Rationing

Some comments from *Medical News* of the Providence Medical Association (Vol. III, No. 8):

Gasoline—and how we shall use it—seems to be the subject prominent in the minds of most of the profession just at present. . . .

We as physicians must help out in the program. The people of this country have become so accustomed to having whatever they want that they hate to make any sacrifice whatsoever. They leave this to the boys who have shouldered their guns and gone forth to battle. We too must sacrifice and under no circumstances use our position as doctors as a ruse to acquire more than our just share of those things which others are forced to give up. . . .

A survey a year ago by the Automobile Manufacturers Association—before rationing was dreamed of—gave some indication of the need of the auto by the busy doctor. Nine out of ten doctors used them in their work; the average mileage per year was 12,932. Of the

trips taken by the doctor, 89 per cent were "necessity trips." The average mileage was topped only by that of the salesman who uses his car for traveling. Such statistics provide ample proof of the fact that a car is essential to the doctor's practice. The old horse and buggy days are gone. Those were the days of a community practice, when a doctor was called in consultation at some distance, he used the train. We may likewise be soon following such a routine. When tires are worn out, we may return to many not unpleasant habits of our forefathers.

Special privileges carry corresponding obligations. Let us set a good example in coöperation that we may avoid public criticism. Our profession is respected and we must not allow ourselves to lose this respect. Let us show the country that we too are out for victory and are willing to do our bit to hasten this end.

* * *

PROFESSIONAL MILEAGE RECORD

With this issue of *Medical News* each doctor is being sent a card on which to record his automobile mileage for his professional work in the next three months. This information will be of great value to the individual doctor as evidence of his need for supplemental gasoline rations in future months, especially in view of the fact that the information will be required on the affidavit submitted to the war price and rationing board when seeking replacement. The information will also be of help in listing professional automobile travel for income tax returns.

By recording the start and finish readings of the total mileage gauge each week a doctor will be able to accumulate a total report of his automobile travel. Inasmuch as necessitous home driving has already been determined at 90 miles a month by the Office of Price Administration, the doctor may easily compute his professional driving from his record card as a basis for supplemental ration.

Attention is directed to the fact that the "A" book of basic ration is good for one year. The "B" and "C" ration books for limited occupational and for preferred mileage are dated to expire three months from date of issue.

Rationing is figured on a mileage basis and the mileage per gallon is estimated at 15. However, provision has been made on our record card for the listing of the gas consumption so that the doctor may estimate the approximate mileage of his automobile per gallon of gasoline.

* * *

(COPY)

(Compliments of the Providence Medical Association)

AUTOMOBILE MILEAGE

(Professional mileage record for gas rationing)

Note: In as much as the initial application under the permanent gasoline rationing plan required an estimate of average mileage per month for the next three months for driving in performance of occupational duties, we suggest that doctors chart their weekly mileage on this card. Supplemental rations in the future will undoubtedly be based on proof of driving in previous period.

Name.....*M. D.*

Home address.....

.....

Gasoline ration book numbers.....

.....

(For recordings the use of the total mileage gauge is suggested)

Month *Week of*	*Start*	*Finish*	*Weekly Total*	*Gas Used*

Note: Card measures 3½ by 6 inches.

Doctor—You Have a Job to Do!

Between now and January 1, the armed forces of the United States will need upward of 20,000 members of the medical profession.

That could mean you. Very likely it does mean you.

There is that matter of your responsibility to your private practice. Perhaps that has stayed you in delaying to give the armed forces of the United States the benefit of your skill and your experience. Perhaps your patients do feel that they need you, and are not selfish in that sentiment.

However, there is a broader aspect of this situation in these times in which we live.

The very same patients who feel that your leaving them now for the greater field of medical effort might well be the first to wonder about the treatment their sons, their brothers, their fathers are getting, far removed from the security of home and fireside.

The United States Government has guaranteed those men who have gone so gallantly into all the branches of the Service the highest quality of medical attention possible. That guarantee can be kept only by your presence when this medical roll call that is sounding now has been answered in its entirety.

You see now, don't you, why you will be among the 20,000 as soon after this meets your eye, as the settlement of your private affairs will permit?

Actually there are no private affairs in this war. It's public. We didn't make it so. But that's the way it is. —Chicago Medical Society *Bulletin*.

Physicians on the Go as Army Calls for Assistance

Two-thirds of all the physicians under 45 must join the armed forces. Already gaps yawn in our civilian medical defense, partly because many doctors have become officers, partly because little towns have skyrocketed in population. Bremerton, Washington, which once had 30,000 inhabitants, will soon have 40,000, to which another 30,000 in the surrounding area must be added for medical purposes. Nine of the town's 28 physicians have been called to active duty. And so it is with Waynesville, Missouri; Vallejo, California; Wichita, Kansas; Valparaiso, Florida, and scores of other communities.

The few physicians left work around the clock heroically, but hopelessly, see 40 to 50 patients a day, postpone home visits, drive themselves to the verge of collapse, admitting that the quality of service rendered is poor and that it is getting worse.

Paul V. McNutt touched on this crisis before the American Medical Association, and, though he did not say so, left no doubt that we must reform the system of medical practice if we are to make the most of our industrial manpower. Even in normal times some 350,000,000 man-days are lost annually through sickness and

accidents. And now there is an annual increase of 10 per cent.

Mr. McNutt threatened action by the government. It would be far better if industry were permitted and charged to act. Industry can usually afford to pay good salaries to doctors and set up its own hospitals and clinics. If a company is too small to engage in large-scale medical care, it can encourage its employes to participate in prepayment plans based on group-practice —something already done in California and Michigan. When enough physicians are available, local panels can be set up, with fees paid from a prepayment fund—the policy followed by organizations near Binghamton, New York. Where physicians have joined the colors others can be imported to work in a local clinic or hospital, as the Tennessee Coal and Iron Company has demonstrated. Or we may follow England's example and insist that all firms with more than 250 emp'oyes establish health services within their own plants and insure for the sick on prepayment basis.

Whatever plan we adopt, the time has come to create a national pool of doctors on which we can draw for both the armed forces and the civilian population—a pool from which physicians would be allocated, with financial guarantees. The cost of such a plan should not be inordinate.

There is evidence enough that workers prefer to pay within their means rather than to accept charity. We simply cannot afford to throw the whole burden of medical care on a few local doctors and imagine that we can win this medical war on the "business as usual" principle.—Woodland *Democrat*, August 5.

Army Reflects Medical Progress

Twenty-five years is a brief period of time as history goes—but in that time the American people have shown a remarkable growth in their physical stature. The Army is authority for that statement. The average height and weight of the men in our present Army is substantially greater than the average in our World War I forces.

That has been the result of a number of factors, one of the most important of which has been advances made in American medical and health practices. In the years between 1917 and 1942, the medical progress made in this country was literally extraordinary. New and successful cures were found for serious diseases. Advanced methods of caring for mothers and children were developed. Great strides were taken in the science of nutrition. A definite betterment in the physical well-being of the people was the consequence.

It is generally believed that the American Army is physically unsurpassed—as the magnificent performance of our individual soldiers in combat proves. The Army is simply a cross-section of the American people. And the American peop'e enjoy the highest standards of medical care which human knowledge and a free medical profession make possible.—Stockton *Record*, August 3.

Called to Colors

Physicians and surgeons are leaving home for the armed services in increasing numbers, in response to a heavy recruiting program among medical men under the age of 45.

In some localities, doctors available for "normal" civilian service are already few and far between. Imperial County, with a population of 60 000, will have but 10 doctors—one to 6 000 population—when those scheduled to leave join those already in service, whereas in war time according to an article in the current Journal of the American Medical Association, the civilian population should have one doctor for each unit of 1,500 civilians. Yet even where this ratio cannot be maintained, practical Army and civilian medical authorities say bluntly, persons really in need of medical or surgical attention may be cared for adequately if the public will exercise common sense.

The basic rule given may be boiled down to a sentence: doctors are for sick people. Aunt Daphne, who habitually calls in the family physician for several hours a month to discuss her "symptoms," will just have to forego enjoying poor health for the duration. Ladies who trot to doctors' offices to whimper about their "nerves" usually aren't sick; they are, nine times in ten, suffering from nothing that a hard day's work in some useful war activity wouldn't cure. And men who take up doctors' time over complaints purely or largely imaginary are by no means rare either, medical experts indicate.

From now on, every good doctor will have his hands full caring for those who have genuine need of him—on the battle front and on the home front.—Willows Journal.—Oroville *Mercury-Register*, July 25.

The Doctor in Wartime

A short time ago, an American Medical Association official observed that doctor calls might have to be "rationed" for the duration. The reason behind this is the immense number of doctors being called for service in the military forces. According to army heads, thousands more will be needed in the future.

American medicine is rising to this emergency with its typical spirit. Retired doctors are coming back into harness, and taking over the practices of younger men who have joined the Army and Navy. Other doctors are working harder, and serving an increased number of patients. And during this difficult period the patient himself can help keep medical practices at the high standards to which we are accustomed.

Don't waste your doctor's time. Don't ask him to make a house call when you are perfectly capable of going to his office. Don't make his visits a social occasion, and expect him to sit around and visit for an hour after he gets through treating you. If, through your thoughtlessness, the doctor is forced to dissipate time, someone who urgently needs his attention may have to go without.

American medicine can serve both the armed forces and the civilian population with efficiency if patients will coöperate.—San Francisco *Organized Labor*, August 8.

MEDICAL EPONYM

Purkinje Fibers

These fibers were described by Professor Johann Evangelista von Purkinje (1787-1869), of Prague, in an article "Mikroskopisch-neurologische Beobachtungen [Microscopic-neurologic Observations]," published in the *Archiv für Anatomie Physiologie und Wissenschaftliche Medicin* (681:281-295, 1845). A portion of the translation follows:

"On the inner walls of the ventricles of the sheep's heart, I observed, first with the naked eye, a network of gray, flat, gelatinous threads immediately beneath the serous membrane. . . . On microscopic examination, I found these threads to be entirely made up of granules. . . . Inside each granule, there were one or two nuclei without any spherical envelope such as is seen in true ganglion cells. The fibers were formed of cross rows of five or ten of these granules, arranged serially in bundles."—R. W. B., in *New England Journal of Medicine*.

COMMITTEE ON PUBLIC POLICY AND LEGISLATION†

California's Proposed Basic Science Law

November third is only two weeks away. What will the voters of California have to say on that date about your Basic Science Act, Proposition No. 3?

The answer to that question lies with you. If you will tell the voters what the Basic Science Act is, what it means to the public, why it is necessary for the protection of public health, the act will pass. Conversely, if the voter is uninformed, he will automatically say "no."

The medical profession and its allied organizations are faced with an educational task if Proposition No. 3 is to pass. It is your obligation to see that the voters are informed. It is your duty to scotch the dogmatic arguments which have been advanced in opposition to this act.

Here is something to bear in mind: Of all the organizations in the State which have studied Proposition No. 3, not one has recommended a "no" vote on it. True, some organizations have looked it over and have decided that it is not within the scope of their normal activities or study problems; some of these have passed it by with no recommendation. But not one has come out with a recommendation for a negative vote.

Those organizations which have actually studied the bill as a part of their agenda have unanimously recommended and endorsed it. The Civic League of Improvement Clubs and Associations in San Francisco, the most widespread and influential governmental study group in that city, has recommended a "yes" vote. The same applies to other groups too numerous to mention.

Time is short. Voters are in the dark. It is up to each of you, and your friends and associates, to make sure that the voters know the truth about Proposition No. 3. There is a definite answer to every one of the arguments advanced by cultists; if you know the answers, you can settle any incipient doubts in the minds of people you contact.

If you haven't already learned the complete story to pass on to your friends, the voters, write for more details. Literature is yours for the asking. If you want more than you have already received, ask for it. Your patients and friends will need it to be properly informed before November 3. It is your job to see that they get it.

Let's make these last two weeks count.

Basic Science Initiative: Proposition No. 3

What They're About: Propositions on Ballot. Today: State Proposition No. 3.

The *Call-Bulletin* herewith presents the third in a series of daily articles dealing with the state and local propositions on the November 3 ballot. The discussions are factual and unbiased, and equal emphasis is given arguments pro and con.

PROPOSITION No. 3

This proposition would require that practitioners of the medical, dental, osteopathic or chiropractic professions pass an examination in basic sciences before applying to their respective boards for license to practice.

A special board of examiners would be set up to administer the basic examinations and to issue certificates to those qualifying. Sciences required would be anatomy, physiology, biochemistry, bacteriology and pathology.

Present licenses in the professions involved, and those who treat sickness by prayer in the practice of any recognized religion are specifically exempted from the provisions of the act.

Proponents of the measure point out that its purpose is to insure that those practicing the healing-art have at least an elementary knowledge of the fundamental sciences relating to the human body.

They point out that sixteen states and the District of Columbia now have basic science acts, and that California is the only Pacific Coast state lacking such a law.

Opponents declare that the act would create an unnecessary new board whose functions would overlap and duplicate those of the present medical, dental, osteopathic and chiropathic examining boards. The latter, opponents argue, now require applicants to pass examinations in the basic subjects pertaining to their respective professions. They accredit the proposition to a "minority group who desire to exercise bureaucratic control over existing boards."—San Francisco *Call-Bulletin*, September 30.

Alien Physicians

Shall They Be Licensed: Standards Must Be Maintained

Refugee physicians were and are a sore spot in medical practice. Two years ago we had too many physicians in practice and the addition of refugee physicians to an already overpopulated medical practice gave considerable alarm. This applied as well to American-born physicians who had received their training abroad and who wished to return to their own country to practice their profession.

Properly qualified physicians are always welcome, and by properly qualified are meant medically, sociologically and personally. The big sticking point was the certification of medical qualifications. Many of the refugees were unable to obtain the proper certificates, others had certificates from medical schools and hospitals which had no established standards in this country and conditions in Europe precluded the possibility of establishing such standards. Standardization of American schools was won after a long and unpleasant battle, and Boards of Medical Examiners have finally become quite uniform in their requirements for graduates of American schools.

When this new and unpredictable problem presented itself, many of our Boards made, as requirement for a license to practice, an additional year in an approved American medical school or hospital. The few hardships were far outweighed by the safety from flooding the profession with undesirables.

Well and good, but now the picture has changed. It is considered that for civilian needs there shall be only one physician for every 1500 population. We have already felt what this means and we all know what is in store for those who remain in civilian practice as far as hours of work and increased responsibility are concerned Will we, then, let down the bars which were so carefully and thoughtfully built up? Undesirables as well as desirables will be granted licenses to practice medicine and we will be giving up a principle which we have promised to protect with our utmost zeal, that no one will be admitted to the practice of medicine who cannot furnish satisfactory proof of having the high qualifications which feature medical practice in the United States.

From this stand we must not retreat. Those refugee and alien physicians who are capable and willing to meet our requirements should have done so by the indicated procedure for the respective states. These we are glad

† Component County Societies and California Medical Association members should not give endorsements to proposed legislation unless the California Medical Association Committee on Public Policy and Legislation has so requested. On such matters, address: California Medical Association Committee on Legislation, Dwight Murray, M. D., Chairman, 450 Sutter, San Francisco. Telephone, DOuglas 0062.

For address of California Public Health League, see adv. page 6.

to welcome, but those who are still hoping to obtain their licenses without fulfilling the requirements are no more welcome in these times of stress than they were two years ago. The civilian population must be protected as well as served and it is our continuing duty to see that whoever is to give civilians medical care must be properly qualified to render that care.—*Northwest Medicine*, August, 1942.

SOME PROPOSED FEDERAL LEGISLATION

The Revenue Act of 1942—Taxation of Accounts Receivable—Income of Charitable Hospitals—Deductions of Medical Expenses.—The House of Representatives has completed action on H. R. 7378, the Revenue Act of 1942, and the Senate Committee on Finance is now holding hearings on the bill.

As passed by the House, the bill increases the normal income tax rate on individuals from 4 per cent to 6 per cent and the surtax will start at 13 per cent instead of 6 per cent for the first $2,000 surtax net income, with a constant increase in the rate for incomes in the higher brackets. The personal exemption for a single person will be $500, for a married person, $1,200. Deductions for dependents will remain as in the existing law at $400. A new provision authorizes an *additional* deduction for persons in service by exempting from taxation so much of the amount received during the year by an individual in the military or naval forces as salary or compensation in any form from the United States for active service in such forces, as does not exceed $250 in the case of a single person and $300 in the case of a married person. The bill proposes no change in the earned income credit.

An important change is proposed in connection with the taxation of accounts receivable on the books of a taxpayer at the time of death. Heretofore such accounts have been includible as income for the year of death, even though the taxpayer may have theretofore been on a cash receipts and disbursements basis. The inequity of this situation as it affected particularly the estates of physicians was pointed out in the J.A.M.A. for January 10, 1942, page 149. By so including the uncollected accounts for tax purposes, along with the income actually received, the taxable income for the year of death is artificially built up, subjecting it to higher tax rates, and in many instances imposing a considerable hardship on the estate of the taxpayer to raise the necessary funds to pay the tax. Under the Revenue Act of 1942, such outstanding accounts will not be includible as income for the year of death of the taxpayer but will be subject to tax as collected, the tax being paid by the person who actually receives the sums collected. Provision is made whereby the estate of taxpayers that have in past years suffered by reason of the unjust operation of the present law may obtain refunds.

The Treasury Department recommended to the House Committee on Ways and Means, at the time the tax bill was being considered, that income derived by corporations now exempt from taxation, such as hospitals operated not for profit, should be subject to income taxes if the income was derived from the operation of a business venture not necessarily incident to their exempt activities. The House Committee on Ways and Means, however, decided to defer action on this proposal and the pending bill makes no changes with respect to the taxation of the income of exempt corporations.

The Treasury Department, too, recommended that taxpayers be authorized to deduct "extraordinary medical expenses that are in excess of a specified percentage of the family's net income." Ref. FLB—15, p. 4. The pending bill contains no such authorization. . . .

Medical Care for Recipients of Public Assistance under Social Security Act.—H. R. 7411, introduced by Representative Coffee of Washington, July 20, and pending in the House Committee on Ways and Means. A bill to amend the Social Security Act to enable States to provide medical care for recipients of public assistance.

Comment.—This bill provides for federal grants to assist States in providing medical care for the aged, the blind, and dependent children who are recipients of public assistance under the Social Security Act. At the option of the State, needy members of the household of such recipients may also be furnished medical care. For the first fiscal year of its operation, the sum of $18,000,000 is proposed and for each fiscal year thereafter a sum sufficient to carry out the purposes of the bill. This money will be used in making allotments to the several States which have developed plans that have been approved by the Social Security Board.

A state plan for medical care must provide:

(1) That it will be in effect in all political subdivisions of the State, and if administered by them, be mandatory upon them;

(2) For financial participation by the State;

(3) Either for the establishment or designation of a single state agency to administer the plan, or provide for the establishment or designation of a single state agency to supervise the administration of the plan;

(4) For granting to any individual, whose claim for medical care is denied, an opportunity for a fair hearing before the state agency;

(5) For such methods of administration (including methods relating to the establishment and maintenance of personnel standards on a merit basis, except that the Board may exercise no authority with respect to the selection, tenure of office, and compensation of any individual employed in accordance with such methods) as are found by the Board to be necessary for the proper and efficient operation of the plan;

(6) That the state agency will make such reports, in such form and containing such information, as the Board may from time to time require, and comply with such provisions as the Board may from time to time find necessary to assure the correctness and verification of such reports;

(7) That the state agency shall, in determining need, take into consideration any other income and resources of an individual claiming medical care; and

(8) Safeguards which restrict the use or disclosure of information concerning applicants and recipients to purposes directly connected with the administration of the plan. . . .

Domiciliary Care for Discharged Disabled Veterans.— S. 2727, introduced by Senator Schwartz, Wyoming, August 20, and pending in the Senate Committee on Pensions. A bill to provide domiciliary care for discharged disabled veterans pending adjudication of claim for pension.

Comment.—This bill provides that any person who is discharged from the active military or naval service for disability incurred in such service in line of duty shall be entitled to domiciliary care in a Veterans' Administration facility pending the adjudication of a claim for disability pension, provided such claim for pension is filed by the disabled person with the Veterans' Administration immediately upon discharge from the active military or naval service.

COMMITTEE ON POSTGRADUATE ACTIVITIES†

Institutes on Wartime Industrial Health*

Report by the Secretary of the Institutes

California, within the short space of two years, has changed from an agricultural state to an industrial commonwealth. Obviously this alteration has presented new problems to practicing physicians heretofore inexperienced and untutored in the knowledge of the occupational diseases. Appreciation of this fact was voiced at the May, 1942 session of the Western Association of Industrial Physicians and Surgeons. When it was suggested that some form of an educational program be adopted, this body immediately sought and gained the enthusiastic coöperation of the California Medical Association. Subsequently the aid of the California State Department of Public Health was obtained. Arrangement of the program, as well as the meeting places, was left to the Postgraduate Committee of the Western Association of Industrial Physicians and Surgeons.

An entirely new departure from the usual postgraduate program was undertaken. Instead of holding these Institutes at the traditional meeting places of the various county societies, they were taken to the very back yard of the industrial physician—out into the outlying industrial centers. It was felt that by doing this many physicians would be able to attend who otherwise would feel that they could not take the time off to travel any distance.

In retrospect, the meetings were considered to be highly successful. Approximately a little over a thousand physicians were in attendance, as well as a goodly number of industrial nurses, plant managers, personnel directors, etc. The highlights of the meetings were the papers of the guest speakers, Dr. Carey McCord, of Detroit, and J. J. Bloomfield, of the United States Public Health Service, from Bethesda, Maryland; the demonstration of equipment, devices to detect the presence of noxious substances, and the Question Box conducted at the end of each day's session. It is believed that the physicians were especially interested in the demonstration of the various types of apparatus used by the hygienist at the plants. When the second series of meetings is held (which is planned for the latter part of this year), greater emphasis will undoubtedly be placed upon hygienic measures for the prevention of occupational diseases, as well as upon the value of the Question Box.

Credit for the success of these meetings must be given to Dr. George H. Kress, Secretary of the California State Medical Society, who gave unstintingly of his time and interest, as well as placing at the Committee's disposal the services of the C.M.A. Postgraduate Committee; Dr. Bertram P. Brown, Director of Public Health of the State of California, who, through his department, sponsored the financial part of the program and placed at the Institutes' disposal certain of his doctors and office force; and, especially to Dr. William P. Shepherd, who, as Chairman of the Postgraduate Committee of the Western Association of Industrial Physicians and Surgeons, so ably directed the entire program.

† Requests concerning clinical conferences, guest speakers, and other information, should be sent to the California Medical Association headquarters office, 450 Sutter, San Francisco, in care of the Association Secretary, who is secretary ex officio of the Committee on Postgraduate Activities.

* Report submitted by R. T. Johnstone, M. D., Secretary, Western Association of Industrial Physicians and Surgeons, 423 Towne Avenue, Los Angeles.

Abstracts of addresses appear in this issue of CALIFORNIA AND WESTERN MEDICINE. See index.

Health Officers' Department—League of California Cities

PROGRAM: LOS ANGELES, CALIFORNIA, SEPT. 21-24, 1942

Monday, September 21

8:00 a.m. to 12:15 p.m.—See General Sessions Program.

2:15 p.m. Department Session—Presiding Officer, Warren F. Fox, M.D., Health Officer of Riverside County.

1. Presidential Address—John D. Fuller, M. D., Health Officer of Santa Cruz County.

2. Report of the Secretary—Bertram P. Brown, M. D., Director of Public Health, State of California, San Francisco.

3. The Procurement and Assignment Services and Public Health—Clarence G. Toland, M. D., Los Angeles County Chairman, Procurement and Assignment Service.

4. Report of Legislative Committee.

* * *

Tuesday, September 22

9:00 a.m. Department Session.—Presiding Officer, F. E. Gallison, M. D., Health Officer, Ventura County.

Wartime problems:

1. The Emergency Medical Services—Fred Foard, M. D., Medical Director, Office of Civilian Defense, Ninth Region, San Francisco.

2. Supervision of Public Water Supplies in Wartime—E. A. Reinke, Senior Sanitary Engineer, Civilian Defense, Bureau of Sanitary Engineering, Berkeley, California.

3. Public Health Problems in Wartime—Edward Lee Russell, M. D., Santa Ana, Health Officer of Orange County.

4. The Housing Shortage and the Public Health—Catherine Bauer, Mills College, Oakland.

5. State Subsidies for Tuberculosis Hospitalization—Edward G. Kupka, M. D., Chief, Bureau of Tuberculosis, State Department of Public Health, Los Angeles.

1:30 p.m. Trip to Planetarium—Buses leave 1:30 p.m. from Grand Avenue entrance, Biltmore Hotel.

5:00 p.m. Barbecue—Crystal Springs Picnic Grounds, Griffith Park.

* * *

Wednesday, September 23

9:00 a.m. Department Session—Presiding Officer, Sam Greene, Manager, California Dairy Council, San Francisco.

General Subject: Joint Conference on Problems Related to the Production, Processing and Distribution of Milk Products in Wartime.

1. Tuberculin Testing Program—C. U. Duckworth, D.V.M., California State Department of Agriculture, Sacramento.

2. Problems of the Industry—Darrell Lewis, Arden Farms Company, Los Angeles; Roger Jessup, Roger Jessup Certified Farms, Los Angeles.

3. Inspection Standards—Representative of the dairy inspectors group.

4. Milk for All of California—William J. Cecil, Director, Department of Agriculture, Sacramento.

5. The Health Officer Sees the Problem—Speaker to be announced.

2:15 p.m. Department Session—Presiding Officer, Harrison Eilers, M. D., County Health Officer, San Luis Obispo.

1. Panel Discussion—Nutrition and the War—A. J. Lorenz, Leader, Southern California Nutrition Committee.

2. Plans for Future Development of the Maternal and Child Hygiene Program in California—Jessie Bierman, M. D., Director of Maternal and Child Hygiene, California State Department of Public Health, San Francisco.

3. The Kenny Method for Treatment of Infantile Paralysis—Martin Mills, M. D., Chief, Crippled Children Services, Department of Public Health, San Francisco.

4. The "Penny Milk" Program—Dr. Samuel E. Wood, Supervisor of the Agricultural Marketing Administration, United States Department of Agriculture, San Francisco.

7:00 p.m. Annual Banquet—Health Officers Department—John D. Fuller, M. D., County Health Officer, Santa Cruz, presiding.

* * *

Thursday, September 24

9:00 a.m. Department Session—Presiding Officer, Walter W. Fenton, M. D., County Health Officer, San Bernardino County.

1. Jaundice—Lt. Col. E. Richmond Ware, M.C., United States Army. Discussants—Hubert O. Swartout, M. D., Director, Bureau of Preventable Diseases, Los Angeles County Health Department. Saul Ruby, M. D., Assistant Health Officer, San Diego County.

2. Tropical Diseases and the Present World Conflict—Dr. John F. Kessell, Professor of Bacteriology, University of Southern California, School of Medicine, Los Angeles. Discussant—Norman B. Nelson, M. D., Epidemiologist, City of Los Angeles Health Department.

To Your Health

The annual meeting of the American Medical Association is for most doctors in North America the greatest postgraduate educational opportunity of the year. The lecture sessions in every branch and specialty of medicine present papers which represent the newest discoveries and investigations. A new section was added this year on general practice which is a healthy sign of the times, when laymen ask me nearly every day why they can't get a good family doctor, to whom they can turn over all their medical problems.

The exhibits of manufacturers of drugs, instruments, foods, baby foods, beds, publishers of medical books (there are at least twelve large firms of this character in North America) provide sound education and inspire the doctor to renovate his equipment and keep up with the times.

But the third educational feature of the session, the scientific exhibit, has grown during the last few years until it is really first in educational value.

These exhibits, entirely noncommercial in character, are set up by private doctors to show the work they have been doing in their home town hospitals, clinics or laboratory. By actual demonstrations or photographs, in many cases beautiful and elaborate drawings, and small motion picture exhibits, the new ideas are shown in a succession of booths like a glorified county fair, on the basis that one look at an actual demonstration is worth more than 1,000 words read from any manuscript.

A doctor hears of some treatment given in a far away city; he would like to go to see it for himself. But he hears of five or six of these during the year; and when he gets to the American Medical Association meeting he finds that they all have been brought together under one roof. The demonstrators are physicians in private practice who have developed the method, and have pledged themselves to stay in their booth at the exhibition hall every hour it is open and explain all the details to doctors.

Most of these lectures and exhibits are too technical to attempt to recount for a lay audience.—Logan Clendening, M. D., in San Francisco *Call-Bulletin*, September 19.

War Declared on Factory Accidents

Doctors, nurses, safety engineers and industrial representatives met yesterday at the Inglewood Country Club to have a go at cracking production's biggest bottleneck —sickness and injury of workers.

The meeting was one of a series sponsored throughout the State by the California department of public health in coöperation with the California Medical Association and the Western Association of Industrial Physicians.

J. J. Bloomfield, safety engineer of the United States public health service, told the representatives of industry that they must go beyond efforts to insure a safe and healthful working environment for their employes if the nation's production is to be notched up to a war winning pitch.

"More than nine-tenths of the 400,000 working days lost last year were due to nonoccupational illness and injury," he declared.

"Crowding, poor housing, lack of sufficient medical facilities, schools, recreation and other welfare services all combine seriously to threaten health and to disrupt normal family life.

"Add to these the mental strain caused by war worries and we have a situation, under which thousands of war workers are now living, which is certainly not conducive to good morale and all-out production.

"Industrial medicine can no longer confine itself to emergency treatment and the diagnosis of occupational diseases. True, there is a bigger job to be done in the plant itself, that is a job of prevention.

"But even this cannot be accomplished without a prompt and responsible recognition of the influence of living conditions upon absenteeism and industrial disability.

"In dealing with the worker, we must adopt a concept of the total man, deal with his health 24 hours a day, if we are to keep him on the job and enable him to contribute to the common cause."

Bloomfield sounded a note of warning to war plant operators that they are passing by too much manpower through physical restrictions for employment that are too rigid. He said that the war manpower commission is considering advice to the war plants that they relax their requirements somewhat and find places at their work benches for persons somewhat physically handicapped but able to perform certain work.

He warned them also that with the entrance of more older men and under draft age youngsters and women into the war plants, greater effort would have to be made in the proper adjustment of working hours to control fatigue and prevent overwork.

Other Institutes on wartime industrial health, with Dr. Robert T. Legge, past president of the Western Association of Industrial Physicians and Surgeons, serving as chairman, will be held at the Tuesday Afternoon Club, 400 North Central Ave., Glendale, today, and at the Women's Club of Huntington Park, 6828 Rugby Ave., Huntington Park, tomorrow afternoon.—Los Angeles *Daily News*, August 27.

COMMITTEE ON ASSOCIATED SOCIETIES AND TECHNICAL GROUPS

Facts Relating to Present Need for Nurses

Questions invariably asked when the present need for nurses is under discussion include:

How many nurses are there in the country? How many are eligible for military service? How many student nurses are enrolled in nursing schools?

Answers may be found in recent issues of the American Journal of Nursing. In summary they are:

Number of Registered Nurses in the United States According to the National Nursing Inventory

1941

Total number	289,286
Number actively engaged in nursing	173,055
Number inactive in nursing but available for full-time work	25,252
Number active and inactive in nursing, eligible for military service	75 000

Distribution of Nurses Actively Engaged in Nursing

Total number	173 055
Institutional	81 708
Public Health nursing	17.776
Industrial	5 512
Private duty	46.793
Other	9.940
Unknown	11.336

Number of Nurses Graduated from Nursing Schools

1941	25 875
1940	23 640

Number of Students Enrolled in Nursing Schools

1942 (estimated)	91 000
1941	87 588
1940	85 000
1939	82,000

Admissions to Schools of Nursing During the School Year

1942-43:

Total number needed	55 000
Admissions, summer, 1942	3 800
Expected admissions, Fall, 1942	36 044
Additional number needed in Fall '42 and Spring '43	15,156

From *Professional Nursing*, Vol. 14, No. 4.

A round man cannot be expected to fit a square hole right away. He must have time to modify his shape.
—Mark Twain, *More Tramps Abroad*. Ch. 71.

COMMITTEE ON SCIENTIFIC WORK

Annual Session, 1943

Plans are proceeding for the 1943 session of the California Medical Association to be held—unless unforeseen complications arise—during the first week of May, 1943, at Hotel Del Monte.

Members of the California Medical Association who are in position to submit papers for the general or section programs should communicate promptly with the Secretary of the proper Scientific Section (addresses of Section Officers are printed in each issue of CALIFORNIA AND WESTERN MEDICINE, on adv. page 6).

For the information of members, a copy of the text of one of the certificates of award, granted at this year's annual session, is presented with this notice.

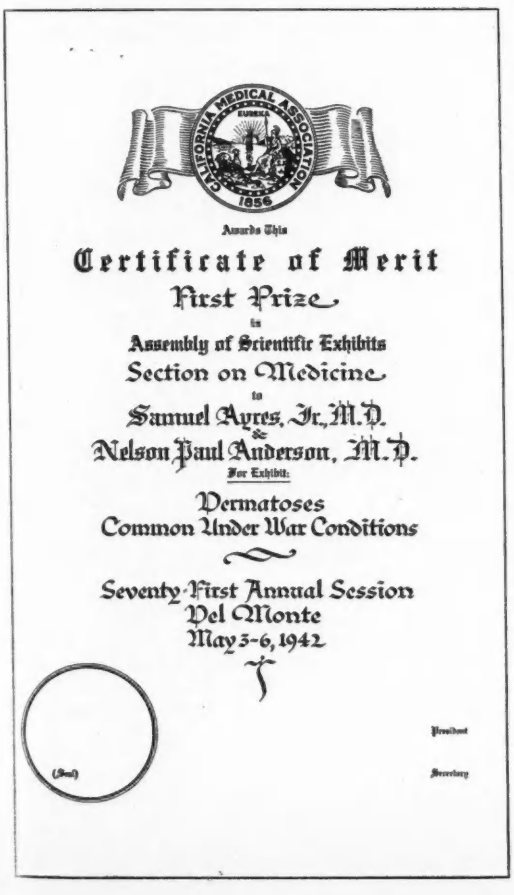
Prizes for Scientific Exhibits.—Scientific Exhibits by members of the California Medical Association, or by California institutions or organizations will be allocated to three classes: 1. Medical; 2. Surgical; 3. Public Health.

If, in the opinion of the Committee on Awards, exhibits of sufficient merit are displayed, prize awards will be given in each class, as follows:

First prize—$50.00 and framed certificate;

Second prize—$25.00 and framed certificate;

Third prize—Honorable Mention.



COMMITTEE ON MEDICAL ECONOMICS

Re: Nonprofit Medical Service

The *New York State Journal of Medicine*, Vol. 42, No. 13, July 1, 1942, printed the following item, not without interest to physicians in California.

PUT UP, OR SHUT UP!

"The introduction of the 'Hampton Bill' in the session of the legislature just closed signalizes the end of the period of grace in which," says the *Westchester Medical Bulletin*, "the medical profession has been permitted to carry on a dignified debate as to whether it should or should not give unreserved support to medical expense insurance under medical auspices."

Due to the common-sense decision of the House of Delegates at its 1942 Annual Meeting, such unreserved support for all three of the plans operating in the State of New York was obtained. The reference committee of the House of Delegates reported "that the situation is serious and the emergency genuine." It specifically recommended:

"1. That all county medical societies be contacted and assisted and immediately urged to coöperate with approved plans.

"2. That the State Medical Society through its Subcommittee give all aid at its command to help these county medical societies succeed with this work.

"3. That the principles of nonprofit medical insurance be re-emphasized as adopted in the 1941 report.

"4. That intense energy be used to obtain a larger number of subscribers among the low-income groups.

"5. That hospitalization and medical care plans remain independent of each other. . . ."

Let us get down to a little plain speaking on this subject. The directions of the House of Delegates as set forth above, are direct and simple. Boiled down, they say: *Get busy. This means you!*

You may or may not have attended the meetings of the House. If you did, you heard the report and have no excuse for not getting busy, if you have not already done so. If you didn't attend, but can read, you saw in this JOURNAL, in the issue of June 1, an editorial "Now for Action," which was based on the cited directions of the House of Delegates and which urged you to get behind your regional nonprofit medical expense indemnity plan *and push.*

* * *

There is only one way in which the membership of the Society can be told the facts of life at reasonable expense, and that is through the printed word—in this case, your JOURNAL. If you don't read it, the entire profession of the state may be placed in jeopardy; if you do read it, but do nothing to comply with the specific instructions of your own legislative body, then, no matter what happens, the medical profession can blame nobody or anything but its own indifference.

* * *

Put up, or shut up. "The 'Hampton Bill' was introduced at the direct request of the Insurance Department and would almost certainly have been adopted by the legislature if the Insurance Department had not later requested that it be held over for one year." Of that year, seven months have now elapsed. The sands are running out. What will you do about it?

If *you* are concerned with this problem, the first logical step is to become a professional member of your regional plan. . . .

* * *

When you have done so, your next opportunity to make your influence felt is to bring the plan to the attention of your patients with the recommendation "that they request their employers, trade associations, and other groups with which they are affiliated to avail themselves of this modern type of protection against "medical economic catastrophes." It's *your* plan; it's *your* responsibility; *you* have to make it work. If you don't, and the time is growing short, you may expect the Hampton Bill or a similar one to be passed by the legislature next year whereby the services of physicians will become merely incidental to hospitalization. This is plain speaking: Nobody will do it for you. Do it yourself, and do it now. Put up, or shut up!"

COUNTY SOCIETIES†

CHANGES IN MEMBERSHIP

New Members (7)

Alameda County (5)

Robert R. Hampton, *Oakland*
William D. McCarthy, *Oakland*
Hannah Peters, *Oakland*
Thomas Reich, *Oakland*
Janet Sampson, *Oakland*

Monterey County (1)

Robert H. Schock, *Soledad*

Santa Barbara County (1)

Clifford F. Jones, *Santa Barbara*

Retired Members (2)

Joseph A. Champion, *San Bernardino County*
Will R. Manning, *Ventura County*

In Memoriam

Anderson, Oscar. Died at Long Beach, September 6, 1942, age 68. Graduate of Dunham Medical College, Chicago, 1902. Licensed in California in 1909. Doctor Anderson was a member of the Los Angeles County Medical Association, the California Medical Association, and a Fellow of the American Medical Association.

✤

Bowers, William Sidney. Died at Los Angeles, September 4, 1942, age 47. Graduate of College of Physicians and Surgeons, Los Angeles, 1919. Licensed in California in 1919. Doctor Bowers was a member of the Los Angeles County Medical Association, the California Medical Association, and the American Medical Association.

✤

Finch, William Clinton. Died at Los Angeles, August 10, 1942, age 69. Graduate of University of Louisville School of Medicine, Louisville, 1897. Licensed in California in 1898. Doctor Finch was a retired member of the Los Angeles County Medical Association and the California Medical Association.

✤

Hoffman, Rubin Ora. Died at San Diego, August 16, 1942, age 74. Graduate of Eclectic Medical College, Cincinnati, 1891. Licensed in California in 1908. Doctor Hoffman was a member of the San Diego County Medical Society, the California Medical Association, and the American Medical Association.

✤

Wood, William Almon. Died at Oakland, July 21, 1942, age 66. Graduate of University of Southern California School of Medicine, Los Angeles, 1906. Licensed in California in 1909. Doctor Wood was a member of the Alameda County Medical Association, the California Medical Association, and a Fellow of the American Medical Association.

✤

OBITUARIES

Moses Scholtz

1875—1942

"No man can be great in his own profession who has not a vigorous intellectual life outside of it, beyond it and above it."

These are the words of Andrew Preston Peabody. They are wise words and they find eloquent example in the distinguished career of Dr. Moses Scholtz. To the profession in general, Dr. Scholtz was a revered colleague, a great dermatologist, a gifted clinician. That, however, is but part of the picture. He was also a man of broad sympathies and understanding heart. Those who were fortunate enough to have his friendship were ever enriched and inspired by his keen and cultivated mind, by his profound interest in general culture. Through the varied activities in which these qualities found expression, Dr. Scholtz added much of richness and integrity to the life of the city in which he held an enviable rôle of leadership.

A fair knowledge of French and German is generally considered indispensable to those who desire full command of their respective departments of science. To Dr. Scholtz, that was not enough. He became a master of both these languages. He penetrated their literatures and took delight in writing poetry in French.

His finely disciplined and logical mind was supplemented by his deep responsiveness to beauty, by his love of nature (especially at his ranch in Arcadia), by his sensitive enjoyment of great music, by his fine aliveness to verse and all other departments of artistic expression.

His point of view on social questions, political economy or any current event, was invariably voiced with clarity, elegance and touches of humor.

With a personality so well integrated, with a mind so harmonious and finely balanced, he was able easily to combine his serious productive pursuits with the stimulating relaxation of a game of chess or bridge. But even in the sphere of diversion, his mental vigor was never content with mere passive ease. As a champion at chess, as a scientific bridge player, he showed consistently the same thoroughness and determination exhibited in other facets of his life.

Moses Scholtz—here was a man completely, warmly and productively alive. We who knew and loved him find comfort in the rich and vivid memory of one who so finely embodied the nobility and dignity which human life can attain.

GABRIEL SEGALL, M. D.

✤

Edward Charles Fabre-Rajotte

1875—1942

Since January 2, 1917, Dr. Edward Charles Fabre-Rajotte had been a valued member of the San Francisco County Medical Society. On September 14, 1942, he passed away, leaving a host of friends and associates who will feel his departure as a great loss, not only to themselves, but to the medical profession as well.

Chief surgeon of the Eye, Ear, Nose and Throat Department at San Francisco's French Hospital since 1915, Doctor Fabre-Rajotte served as consulting occulist to the Metropolitan Life Insurance Company, and carried on an extensive practice at his office at 450 Sutter Street.

Doctor Fabre-Rajotte was born at Aylmer, Quebec, Canada, in 1875. He was educated at St. Louis College, and McGill University at Montreal, where he received his degree in the year 1899, becoming a member of the Quebec College of Physicians and Surgeons also in that year. In 1911-12, he served on the faculty of the University of Paris, France, and was Ex-Associate Chief Ophthalmologist there from 1911 to 1913.

Doctor Fabre-Rajotte served with the U. S. Volunteer Medical Service Corps in 1918, and was awarded the Chevalier of the Legion of Honor of France in 1935. Author of numerous medical reports, he was well known

† For roster of officers of component county medical societies, see page 4 in front advertising section.

both here and abroad. He was a member of the California Medical Association, the American Medical Association, the Pacific Coast Oto-Ophthalmological Society, as well as the County Medical Society.

Always scrupulously attired, the gallant red ribbon upon his breast, Edward Fabre-Rajotte will long be remembered as a charming and colorful gentleman of the old school, whose presence among us was a constant reminder of a day that will never come again.

HAROLD M. F. BEHNEMAN, M. D.

✚

Donald S. Gidley
1905—1942

Doctor Donald S. Gidley died at Fort Lewis, Washington, July 5, 1942, at the age of 37. He was a graduate of the University of Oregon Medical School, Class of 1930, and was licensed in California in 1931. Dr. Gidley enlisted in the Medical Reserve Corps as a First Lieutenant in October, 1939, was promoted to a captaincy in October, 1940.

On March 1, 1941, he entered active service in the Medical Corps and received his majority on June 15, 1942. At the time of his death, he was the Regimental Surgeon at Fort Lewis. Major Gidley was in active practice in Ontario and a member of the San Bernardino County Medical Association and the California Medical Association, and was also a Fellow of the American Medical Association.

THE WOMAN'S AUXILIARY TO THE CALIFORNIA MEDICAL ASSOCIATION†

MRS. F. G. LINDEMULDER.....President
MRS. RENE VAN DE CARR.....Chairman on Publicity
MRS. ROSSNER GRAHAM..Asst. Chairman on Publicity

President Lindemulder's Suggestions and Projects for 1942-1943

Never before has the Auxiliary faced such a challenge as it faces today, for our husbands are being called into the Service, either into the armed forces or into civilian duty in the defense areas. When this happens, it is our first tendency to drop everything, and take less and less interest in things that formerly occupied our time. I want you to realize that this is the time you are needed, as *auxiliary members*, more than ever. We have an opportunity for service that no other group can offer. We are doctors' wives, and as such we should be so strong, so united, that no smallest opportunity for service should pass us by. The war has opened new fields of service for us and we should accept the importance of this work. Our husbands have their way of serving our Country by attempting to maintain its present high standard of health. We, also, can serve our Country, through the Auxiliary, by the furtherance of Health Education which is one of our main objectives this year. Read the following carefully, and see if among the suggestions and objects there are not many things that are vitally necessary to your community, and to our Country.

Health Education.—Let every Auxiliary be represented on the program committee of all lay organizations. Suggest that health talks be given by accredited physicians.

Legislation.—Follow the suggestions sent to you by the State Legislation Chairman and the Public Health League. Campaign as hard as possible so that the Basic Science Law (Proposition 3), on the November ballot, will be assured.

The Woman's Auxiliaries to the California Medical Association have been requested to assume their responsibility of bringing to the attention of the women of California, through an Educational Program, the merits of the Basic Science Act. The Presidents of the County Auxiliaries will be responsible for their individual Counties. Women of Northern California are being organized under the leadership of Miss Ethel O'Brien, Field Representative of Public Health League of California. Miss O'Brien will talk to members of the State Board at their Fall meeting which has been scheduled by the State President, Mrs. F. G. Lindemulder, for September 11, at Rio del Mar Country Club, Aptos, California.

Annual Physical Examinations.—Make our motto, "See your doctor once a year." Now that so many of our doctors are being taken away to serve our Country, it is more than ever necessary to *keep* physically fit. By annual examinations, small illnesses can be prevented from becoming big ones.

Nutrition.—See that each Auxiliary is proprely educated on how to feed the family. Pass this knowledge along to lay organizations. Improper diets cause many preventable illnesses.

Hygeia.—It is important to see that this health magazine is placed in all public schools, camps, libraries and homes. It is the only authentic health publication printed for the lay reader, and in itself will do much to help keep our Country fit. Let every member subscribe, and if she has no need for the magazine, see that her subscription goes to some place where it is needed. Remember, we are not magazine salesmen when we advocate the sale of *Hygeia*, but we are health teachers and supporters.

Medical Defense.—The Medical Defense set-up throughout the United States, functions best when it is carried out by local doctors. The Woman's Auxiliary must be prepared to seek and accept leadership in Medical Defense programs rather than work with other organizations and thus dissipate our force as a medical group. The Auxiliary should be the channel through which health education must flow.

Medical Benevolence Fund.—Let us do all we can to support this worthy project that the California Medical Association has started. May every Auxiliary contribute something this year so that we, too, may know that we have helped to the best of our ability.

Friendly Relations.—Because there is a war, do not forget the friendly social contacts. Remember the wife whose husband has gone to war. Keep up morale by being more friendly than ever with other doctors' wives. We have much in common, now more than ever before.

There are many more activities than our Auxiliaries are already maintaining, blood banks, Red Cross, Nurses' Aid, ambulance corps; these are only a few of them. But above all, remember we, as doctors' wives, are going to help hold the home front. We will continue, strong, helping our husbands in every way possible, doing all we can to aid our Country. We will keep a firm and united front, that we may be worthy of the tasks before us.

News Items

Alameda County has continued, throughout the summer

† Reports of county chairmen of publicity should reach Mrs. Rossner Graham, Assistant Chairman of Publicity, 6101 Acacia, Oakland, by the tenth of the month previous to publication. Address of the Chairman of Publicity: Mrs. Rene Van de Carr, 51 Prospect Road, Piedmont. For roster of state and county officers, see page 6, in front advertising section.

months, the canteen work at the U.S.O. House in Oakland, and members of the group have served the third Tuesday of each month, from 11 a.m. until 10 p.m. Approximately 600 service boys have been entertained there on these days. Mrs. John Saam has acted as chairman with Mrs. A. A. Alexander, Mrs. Robert A. Glenn, and Mrs. William Henry Sargent as hostesses.

* * *

Fresno County held its last meeting of the year in May at the home of the President, Mrs. J. R. Walker, where tradition of last year's gathering was made of having a box supper for the benefit of the Benevolent Fund.

Each member came costumed as her "suppressed desire," and was expected to rid herself of any inhibitions. It seemed apparent that the doctors' wives secretly yearn for public life, as there were ballet dancers, artists, movie stars and even Mother Dionne. Since this party was as private as it was successful for the thirty members present, it was felt that only this much can be divulged.

* * *

The last meeting of the year for the Santa Barbara Auxiliary was held at the El Mirasol Hotel. The group met for luncheon and to wind up the year's business. Thirty-seven members were present, including associate members, most of whom were wives of the officers of Hoff Army Hospital. Santa Barbara is proud that two of its members are on the State Board for the coming year: Mrs. Richard McGovney, as State Treasurer, and Mrs. C. W. Henderson, as State Historian.

Before adjourning, Mrs. John Van Paing called attention to the need of a lounging room equipment at Camp Cook. She urged, therefore, the interest of members in securing radios, victrolas, lamps, sofas, card tables, magazine racks, etc., for the soldiers, and suggested that summer activities might follow this line of endeavor.

CALIFORNIA PHYSICIANS' SERVICE†

Beneficiary Membership

September, 1939	1,220
March, 1940	9,322
December, 1940	20,993
June, 1941	27,632
December, 1941	32 562
July, 1942	34,520
August, 1942	37,081

California Physicians' Service has successfully completed a one-year experiment with low income farm families. This was done on a small scale in three areas of the State, centering around Butte, Sonoma and Monterey Counties. After analyzing the data collected, it was felt that with indicated modification of rates and benefits this program could now be safely extended to the rest of the State. During the months of September, October and November, low income farmers in California will start to enroll and may call upon professional members for services under this plan shortly thereafter.

For this reason, it is well for each physician to have some information about this plan.

It was developed in conjunction with the Farm Security Administration, which is operating medical plans in practically every State, involving some 400 000 persons. It is the largest medical-care plan in the United States.

The objectives of the F.S.A. are to protect the health of its borrowers and at the same time find a method whereby their physicians will be assured of an adequate fee for their services, and private hospital bills will be paid.

In this state such a plan will redirect a family—whose only resource in the past may have been tax-supported county hospitals or unpaid doctor and hospital bills—back to the private practitioner and private hospital. It brings new money to rural communities.

The majority of the families that will be enrolled are borrowers of the F.S.A. They are borrowers because they have lost local bank credit. Other families who are not borrowers are eligible provided their incomes do not exceed $2 000 a year. The names of these families are available to local County Medical Societies, and if any of them do not appear to be the kind of family which should be included, we can refuse to take them if a reinvestigation of their financial status substantiates our claim.

The Farm Security Administration staff will do all of the organizing and selling of groups. This relieves C.P.S. of considerable expense. All medical administration is, of course, handled by C.P.S. In effect, with this arrangement the government stays on its side of the fence, and the medical profession is in its position of control over professional matters. Such a pattern is desirable, in the face of future socialization of medical and hospital care.

The rates run from $20 00 a year for a single person to $60 00 a year for a family of three or more. The contract runs for one year, at which time readjustments can be made.

In general, for this rate families are allowed medical and surgical care for all acute illnesses. Care for chronic illnesses is limited to three weeks. They may have 10 days of hospitalization and $25.00 toward hospital costs for a delivery. The patient must pay $1.50 for the first call made to the home in each separate illness. Doctors' referrals and bills will be handled in the same way as regular C.P.S. business is handled, so there are no new forms or paper work to bother with.

Physicians may be getting inquiries from local farm families wishing to join, or leaders of farm groups may wish to discuss the plan with them. The entire movement has the endorsement of the House of Delegates of the California Medical Association, so they may be assured that proper clearance in the interest of the medical profession has been obtained.

These are days when a great many things have been shouldered by the medical profession. A great responsibility has been delegated to us by the War Manpower Commission through the Procurement and Assignment Service. In addition to the task of supp'ying the armed forces with necessary medical personnel, an important part of this responsibility is to provide adequate medical care to the civilian population.

This is a worthwhile medical plan for our food-producing farmers, in line with this responsibility.

The Counties included in the plan are as follows:

Butte, Colusa, Fresno, Glenn, Imperial, Kern, Kings, Lake, Madera, Marin, Mendocino, Merced, Monterey, Placer, San Benito, San Joaquin, San Mateo, Santa Clara, Santa Cruz, Siskiyou, Sonoma, Stanislaus, Sutter, Tehama, Trinity, Tulare, Yolo, and Yuba.

† Address: California Physicians' Service, 153 Kearny Street, San Francisco. Telephone EXbrook 0161. A. E. Larsen, M. D., Secretary.

Copy for the California Physicians' Service department in the OFFICIAL JOURNAL is submitted by that organization.

For roster of non-profit hospitalization associates in California, see in front advertising section on page 3, bottom left-hand column.

MILITARY CLIPPINGS

Military Clippings—Some news items of a military nature from the daily press follow:

Draft Standards For Doctors Set

Washington, Sept. 5.—(AP.)—Standards by which public health physicians should be considered essential in their present work and "non-available for military duty" were announced today by Manpower Chairman Paul V. McNutt.

A physician should be excused from military service, the announcement said, if he comes within one of two categories:

1—A full-time medical officer in charge of a health service of a governmental unit or administrative district, such as State, district, county or city.

2—A full-time head or chief of an administrative unit within a health department.

Physicians in public health positions other than those specified, who are under 37 years of age, the announcement said, "should expect to be released for military service, except under unusual circumstances, and their places should be taken by older persons."—Oakland *Tribune*, September 6.

* * *

Doctors in Service

But Their Offices Are Kept Intact—Policy of One San Francisco Office Building

The management of the 450 Sutter Building has solved one of the biggest problems that doctors and dentists face when they are about to go into the armed services—what to do with their office equipment?

The 450 Sutter Building is allowing doctors and dentists to leave their equipment intact in their offices, and their names remain on the directory and on the doors to their offices.

Says Procter Flanagan, manager of the building:

"We're just trying to do our bit. We let them keep their equipment here and, of course, we charge them no rent while they're gone. We've got about 25 offices like that in the building now.

"At least six of our tenants will have been in the service two years in November and we've kept their equipment for them. We dust the offices about once a month and see to it that no moths get in. When someone comes in looking for one of these tenants, we direct them to whoever is handling their practice.

"If someone wants to rent one of the offices, we try to sell them on some other vacancy. Should we need the space, we have permission of the doctor to move his equipment, for when he goes into the service he gives us a letter saying he has been called in, naming some one with power of attorney for him and absolving us of responsibility for the equipment.

"But you can bet we take good care of the equipment. We want it in good shape for these people when they come back."—San Francisco *News*, September 10.

* * *

Industrial Doctors' Status Maintained

Industrial physicians, full and part time, will be retained in their present positions.

This was the order to State chairman of the War Manpower Commission today as Paul V. McNutt of the WMC, pointed out the threatened serious lack of medical direction in industry through releases of these physicians to the armed forces.

"A serious situation is developing in some States because physicians under 45 years of age who are essential in their present positions as key men in industrial practice are being declared available by State chairmen, or are being approached directly by recruiting boards with instructions to apply for a commission in the Army Medical Corps.

"The selective service system and surgeons general of the Army and Navy are coöperating with us to keep at their posts the physicians declared to be essential by our State committee."

A physician employed in industry is deemed to be essential when the following conditions exist:

(1) The physicians is employed by an industry which is manufacturing war materials exclusively or under priority ratings.

(2) The physician gives his full time to the industry or 40 or more hours weekly, has been so employed for at least two years or is especially trained for that purpose and is carrying on an acceptable health maintenance program.

(3) The physician is performing the functions of a medical director or department head or of a specialist or is the only physician employed.

(4) Assistant physicians who perform routine functions under direction, and reëmployed on a full-time basis, are deemed essential until they can be replaced within a reasonable time (3 to 6 months).

(5) The physician serves part-time two or more industries engaged exclusively in the manufacture of war materials or under priority ratings, providing his total part-time service is the equivalent of 40 or more hours weekly. The physician who serves on call is not deemed to be essential.

(6) The physician serves a State industrial hygiene bureau on a full-time basis.—Riverside *Press*, September 10.

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Draft Deferment of All Medical Students Asked

Washington, Aug. 29.— (INS.) — Senator Joseph C. Rosier, Democrat, West Virginia, today called upon the selective service system to give serious consideration to permanent deferment from the draft of all medical students, if the health of the nation is to be properly guarded.

"Small communities everywhere are being stripped of their physicians and surgeons," Rosier said. "The large cities are losing most of their younger and middle-aged practitioners."

Rosier, an educator for fifty-one years, has been on leave of absence as president of Fairmont College at Fairmont, W. Va., while serving in the Senate. He also is a member of the committee on education and labor.

"If the war is long," he said, "and we draft the men of 18 and upwards, we will have no new 'crop' of medical men entering pre-medical courses after this September except those few who begin at ages under 18.

"Those entering the pre-medical courses at the best, or class A schools will not complete their training before 1949 if they follow the usual seven year course."

Rosier then explained that those in the six classes to be graduated between now and 1949 will be young men with little experience.

He said: "With the drain which the army and navy will make upon even this supply there is certain to be a dangerous shortage of doctors."—Fresno *Bee*, August 30.

* * *

Base Hospital Staffs Sought for Southern California

Doctors to Man Units for Care of Civilians to Be Named at Once

Medical directors and staffs to man base casualty hospitals for civilians injured in the course of sporadic or sustained attack on Southern California will be chosen from 14 selected Southern California hospitals and medical schools, it was announced by Major Charles F. Sebastian, medical officer for the Southern Sector Office of Civilian Defense, yesterday

Hospital and medical school heads have been asked to nominate 15 "unit directors" who will be approved by Major Sebastian and by Lieut. Col. Fred T. Ford, 9th Regional medical officer for the Office of Civilian Defense.

To Name Staffs

Unit heads will then nominate their staff members who will be similarly approved.

Unit heads of casualty base hospitals, solely for civilians removed from a combat area for convalescent treatment from casualty stations, will be commissioned lieutenant colonels in the United States Public Health Service and placed on the "inactive" list until the event of an attack automatically places them on duty.

Base hospital staffs will include specialists in internal medicine, general surgeons, orthopedic surgeons, a dental surgeon, pathologist and radiologist, Major Sebastian said. Each unit head, he said, has the privilege of nominating 14 other men to comprise his staff.

Institutions Chosen

Institutions from which personnel will be selected are located in Santa Barbara, Ventura, Los Angeles, San Diego and San Bernardino counties.

Men older than 45 are being sought for the base hospital set-up and the only exceptions to this rule will be those who are not accepted by the Army physically but who will meet such requirements imposed by the duties of the job. . . .

The 15 staffs will move immediately to base hospitals in the event of attack to care for civilian casualties evacuated from danger zones to safer areas for convalescent treatment.

Hospitals Selected

Major Sebastian also stated tentative institutions for several base hospitals have been selected. The work of

surveying locations and institutions for base hospital use, their supply and maintenance is being worked out by Arthur J. Will, Director of Institutions for Los Angeles County and Southern Sector O.C.D. Hospital Officer.

These units, the major indicated, will be the nuclei of civilian casualty base hospital staffs.—Los Angeles *Times*, September 6.

* * *

Blood Bank of Red Cross Honored

Army and Navy 'E' Awarded for Work of Group

In colorful ceremonies climaxed by the raising of the pennant over the center by a soldier and a sailor who owe their lives to Red Cross blood plasma, the Army-Navy "E" for excellence was presented today to the Red Cross Blood Procurement Center, at 2415 Jones Street.

A crowd of 500 persons attended the ceremonies, held in the patio of the California School of Fine Arts.

Presenting the pennant was Brigadier General Frank W. Weed, and accepting for the chapter, Frederick J. Koster, chairman of the board.

Representing the Navy was Captain E. U. Reed, who presented the accompanying emblem, which was accepted by Mrs. Gardiner Dailey, director of the blood bank.—San Francisco *Call-Bulletin*, September 30.

* * *

OCD Organizes Doctors' Units to Care for Invalids

Director James C. Sheppard and Medical Officer Fred T. Foard of the Ninth Regional Office of Civilian Defense, were advised yesterday by National OCD Director James Landis, that units of physicians are being organized to help care for hospital patients who, in case of enemy action, would be moved to emergency hospitals, according to an announcement yesterday.

Now being established in selected medical schools and hospitals in the coastal States, the physicians units are part of the joint program of the civilian population.

The physicians, who will receive commissions in the U. S. Public Health Service Reserve, will be called to active duty only if hospital patients in their own regions must be moved to emergency hospitals.—San Francisco *Chronicle*, September 7.

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O.C.D. Appoints Unit Directors of Casualty Hospital Staffs in Los Angeles

Twelve Doctors Connected With Leading Southland Medical Institutions Named to Posts

Unit directors of civilian casualty base hospital staffs who will have organized medical men ready for instant operation in the event the Southland is attacked have been nominated from the staffs of 12 Southern California medical institutions.

This was announced at the Office of Civilian Defense in Pasadena yesterday.

The nominees and institutions are: Drs. George Piness, Cedars of Lebanon Hospital; Sidney R. Burnat, Good Samaritan; Philip J. Cunnane, General; E. Forrest Boyd, Olmstead Memorial Presbyterian; Donald Cass, Queen of the Angels, and Charles T. Sturgeon, S. C. School of Medicine, all of Los Angeles; Leroy B. Sherry, Huntington Memorial, Pasadena; William L. Cover, San Bernardino County Hospital; Bert A. Adams, San Diego County General; Clarence E. Rees, Mercy, San Diego; Hugh Freidell, Santa Barbara Cottage; Ralph W. Homer, Ventura County Hospital.

Each man eventually will be commissioned the equivalent of a lieutenant colonel in the United States Public Health Service and is charged with the responsibility of organizing a staff of 14 medical men for each unit director.

Hospital Facilities for Raids Checked

Los Angeles is assured of ample hospital facilities in case of air-raid casualties.

This was the statement made to a joint meeting of city and county civilian defense officials yesterday in Mayor Bowron's office by Arthur J. Will, chairman of the augmented city and county hospital committee.

Will reported that 5700 hospital beds would be available in the city and county, with immediately contiguous areas providing 300 more, the 6000-bed total being twice the amount of hospital facilities recommended as standard by the Federal Office of Civilian Defense. The hospital committee chairman said additionally that this city would not have to use hotels, apartment or other makeshift hospitalization plans.—Los Angeles *Times*, October 3.

* * *

Yorktown Officer Praises 'Iron Men'

Sailors Amazing in Bravery, Endurance, Skill and Spirit, Dixie Kiefer Declares

Has the Navy, in superseding its towering frigates with the modern steel, steam-propelled speedsters of the sea, also sacrificed its traditional "iron men" who manned the carronades and rigged the boarding nettings in the service's glorious past?

"Hell—no!" exploded chunky Comdr. Dixie Kiefer, executive officer of the carrier U.S.S. Yorktown, which sank following the Midway victory over a Jap invasion armada, as he hobbled yesterday about the living room of his sister's home at 637 N. Crescent Heights Blvd.

Ankle Shattered

Comdr. Kiefer, whose right ankle was shattered in a fall against the rolling chocks of the listing carrier as he abandoned ship—one of the last to do so—is alternating between Los Angeles and the Mare Island Naval Hospital, where he is undergoing treatment.

"Let me tell you something, young man!" he exclaimed. "The 'wooden ships and iron men' era was long before my time, but the men who man the Navy's ships these days are absolutely amazing in their bravery, skill, endurance and spirit.

Examples Given

Why?—well, let me give you a few examples: . . .

Doctors Efficient

And a comforting note to mothers: "The Navy doctors—many of whom are volunteers and came into the service—are some of the best on earth. They're very efficient and have gained the confidence of all hands. They know their stuff.

"Well, if they didn't, I wouldn't have my right foot attached to me this very minute."—Los Angeles *Times*, October 2.

* * *

Oh, Doctor! No. 2

Behind the News: With Arthur Caylor

The doctors know a crisis when they see one, and they would like to do something about the shortage in medical and hospital care which is approaching San Francisco at the fast lope of galloping consumption. Hospitals are full. Doctors are going into the services. Trained nurses are getting as rare as crown jewels—and just as valuable. The Services are sure to take more of all three.

So the town is sure to find itself on a bed of pain, with no aid in sight—unless, as a municipality, it suddenly becomes as alert as the Services to look after its people. The Services are not only grabbing doctors, nurses and hospitals. They're going back into the country and taking over resorts to which convalescents can be shunted at the earliest possible moment—thereby clearing hospital beds. San Francisco should be doing something similar.

But this means the city must take up a new form of service to the people. Even with the best of intentions and the best of organization, the doctors can't supply hospitals, or back them up with convalescent homes, or train and pay nurses' aides. All this would require too much money. The city has the money. If other dough isn't available, it has millions of Civilian Defense money it can't spend. And medical service to the civilian population seems as much a CD necessity as bomb shelters.

With medical people of all sorts getting fewer, and thousands of others going to war, the population of California has grown 12 per cent since the 1940 census. It's scarcely possible to guess the rate at which this increase will continue. Doctors' offices and hospitals have filled up at an even faster rate than San Francisco's empty apartments.

You may not know this, but the doctors are going into the services under the regulations of the War Manpower Commission—not the Army, Navy or Selective Service. The Manpower Commission hopes to supply as many physicians as the Services demand—now 7.3 per 1000 or more than double the British provision—yet leave enough to meet minimum civilian needs. It is trying not to denude certain areas—especially rural districts. Since January, Dr. Harold Fletcher has been bucking this tough job. Note that it's a rationing job—so many doctors for the Services, so many for civilians.

On paper, it looks as if San Francisco is getting along—and will continue to get along until the Services reach nine million. Yet Dr. J. C. Geiger, the city's health officer, is just back on the job after a bout with bronchial pneumonia which he went through at home because he couldn't get into a hospital. He tried, but no soap. So what chance for an ordinary bloke? Better take that home-nursing course, sister.

Maj. Gen. Lewis B. Hershey, head of Selective Service, says the armed forces will reach 13 millions next year—and that's a way over nine million. His information is of the best. So why fool around? These next-year crises have a habit of arriving before Thanksgiving. Smart mothers-to-be already are signing up for hospitals next

April—or practically before they begin to wonder.

By summer, maternity wards may be the really exclusive clubs. Only, by that time all the obstetricians may have gone into collapse—or have joined the Army to get a rest. Why? Because any known doctor can deliver a baby. Practically every doctor who joins up has a baby or two on the way. So he tells Mrs. Jones to see Dr. Twerp, a good baby man. The result is that the obstetricians are doing their own work and that of several hundred other doctors. When somebody mentions an assembly line, 40 hours, or overtime, they laugh fit to kill.

I mention this particular department of medical affairs only because it's the last department you'd expect to be affected. Others are as bad off—just getting along "as well as can be expected." Everywhere you can see evidence that when Chief Administrative Officer Brooks, Health Director Geiger and Institutions Director Wollenberg go into the matter—as they propose to do—they'll find a need for action which starts now.

You may argue that if the boys can die in the Solomons and over the Ruhr and in Africa, we can get along without doctors. I heard a story the other day which makes one feel that way. The general and his staff went out from headquarters of a militarily secret airfield to inspect night protection measures. When they returned every man they had left behind was dead—cut down by a Jap infiltration party. The radio was blatting over their twisted bodies that folks back home were being asked to eat less meat!

Still, it seems senseless not to make the most of whatever is left to us. And that means the city must help with organization and money and planning. There's no particular point in letting some San Francisco soldier's wife or mother die because we're unable to use the full capacity of the doctors, nurses and hospitals still on hand. Worse, if we don't make the best use of the doctors, nurses and hospitals we are allotted, it will simply mean fewer doctors, nurses and hospitals can be rationed to the armed forces. Doctors will be pulled away from the Services to take care of civilians. There's no percentage in that.—San Francisco *News*, October 8.

* * *

Women Doctors in WAAC

Washington, Sept. 8.—(AP.)—Increased opportunities for women, including women doctors, were forecast today by Mrs. Oveta Culp Hobby, director of the WAACS, and Lieut. Commdr. Mildred McAfee, head of the WAVES. They were guests of the Women's National Press Club. . .

Miss McAfee said the WAVES program is expanding from the originally intended 1,000 officers and 10,000 sailorettes. In addition to 900 officer candidates who will begin training at Smith College on October 6, 300 will be trained at Mt. Holyoke College.

The law creating the Women's Auxiliary Army Corps permits 150,000 women to volunteer for noncombat service, and President Roosevelt in signing the bill limited the number to 25,000 at present. Mrs. Hobby reported this goal would be reached by May.

No limit was placed on the number in the Women's Naval Reserve, and Miss McAfee said the presumption is that the demand for women to replace men in noncombat shore jobs will go much past the original estimate.

At present the WAVES cannot serve outside the continental United States, but this does not apply to the WAACs, and Mrs. Hobby said it is contemplated that four company headquarters of WAACs will go to England this year. She said almost 90 per cent of the WAACs express preference for overseas duty.—San Francisco *Examiner*, September 9.

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Heroic Doctor of Ill-Fated Lexington Gets Naval Cross

Commander From Little Ohio Town Refused to Quit Ship Until Patients Moved Despite Serious Wounds

Annapolis (Md.) Sept. 9.—(AP.)—Comdr. Arthur J. White, one of World War II's previously undisclosed naval heroes and a survivor of the ill-fated aircraft carrier Lexington, today received the Naval Cross during simple ceremonies at the Naval Academy.

One of the Lexington's senior medical officers, White was cited for his refusal to abandon ship although both his ankles and a shoulder were fractured and numerous wounds were inflicted by two thunderous explosions which shattered the stricken carrier in the Coral Sea.

While Japanese torpedo planes and dive bombers dumped their lethal loads on and about the Lexington, the middle-aged doctor, hailing from little West Leipsic, O., transferred his wounded and dying patients from a shattered dressing station and thence to a rescue ship before leaving his post.

White first was wounded when a blast all but destroyed the flimsy dressing station he directed, blowing metal and debris about him. This was the first of two explosions which hastened the Lexington's end.

Covered with blood and hobbling about on his broken limbs, White transferred his patients to another improvised station, but then had to abandon these quarters when the second blast came.

Although the carrier was swathed in flames, White shunned all his subordinates' entreaties to quit his post. Only after his final patient was removed did he consent to be lowered to the rescue ship.

The medal was presented by Rear Admiral John R. Beardall, Navy Academy superintendent, acting for Navy Secretary Knox on behalf of President Roosevelt. Now stationed at the United States Naval Hospital here, White received the award while the entire hospital corps looked on.—San Francisco *Examiner*, September 10.

* * *

Afflicted Will Not Endanger Soldiers

Chicago, Sept. 17.—(AP.)—Wives and mothers of service men were assured today by Dr. Morris Fishbein of the American Medical Association that proposed induction of some men with venereal diseases would not jeopardize the health of others.

Major General Lewis B. Hershey, national selective service director, announced Tuesday the army has agreed to take some men with venereal diseases, starting in October. Of the proposal, Dr. Fishbein, editor of the Association's journal, said:

The induction of men with cureable venereal diseases cannot possibly be hazardous to the health of those in the army since such men are assigned promptly for treatment and are under control.

Certainly the presences of recently acquired syphilis or gonorrhea should not enable a selectee to avoid military service. Modern scientific diagnosis and treatment, including new drugs and new methods, applied to rehabilitation of such infected men could supply the army promptly with from 80,000 to 100,000 additional soldiers.

Already many of the best known specialists in the field of venereal diseases have been commissioned in the army and navy medical departments and in that of the air force. These officers and the guidance of the scientific consultants in the Committee on Venereal Diseases of the Division of Medical Sciences of the National Research Council will assure to those infected the best and the latest that scientific medicine has established as useful in such cases.—Sacramento *Bee*, September 17.

* * *

Victory Must Be Total

Bethesda, Md., Aug. 31.—(AP.)—President Roosevelt dedicated a monumental new naval hospital here today with an assertion that America was wholly dedicated to the defeat of German, Italian, and Japanese tyrants and "to the removal from this earth of the injustices and inequalities which create such tyrants and breed new wars."

He spoke from a platform in front of the white, 270-foot-high section of the new naval medical center and the radio carried his words to all parts of the world by short wave.

Hospital a Symbol

"Let this hospital then stand," he said, "for all men to see throughout the years, as a monument to our determination to work and to fight until the time comes when the human race shall have that true health in body and mind and spirit which can be realized only in a climate of equity and faith." . . .

The center which the president personally helped design was dedicated on the 100th anniversary of the establishment of the navy's bureau of medicine and surgery, and the chief executive pointed to the vital work that the doctors and nurses of the bureau are accomplishing in keeping physically fit the men who man the fighting ships.—Visalia *Times-Delta*, August 31.

If you choose to represent the various parts in life by holes upon a table, of different shapes—some circular, some triangular, some square, some oblong—and the persons acting these parts by bits of wood of similar shapes, we shall generally find that the triangular person has got into the square hole, the oblong into the triangular, and a square person has squeezed himself into the round hole. The officer and the office, the doer and the thing done, seldom fit so exactly that we can say they were almost made for each other.

—Sydney Smith, *Sketches of Moral Philosophy.*

MISCELLANY

Under this department are ordinarily grouped: News Items; Letters; Special Articles; Twenty-Five Years Ago column; California Board of Medical Examiners; and other columns as occasion may warrant. Items for News column must be furnished by the fifteenth of the preceding month. For Book Reviews, see index on the front cover, under Miscellany.

NEWS

Coming Meetings†

California Medical Association, Hotel Del Monte, Del Monte, California. Date for 1943 Session not yet decided.

American Medical Association, San Francisco. Date of 1943 Session not yet decided.

The Platform of the American Medical Association

The American Medical Association advocates:

1. *The establishment of an agency of Federal Government under which shall be coördinated and administered all medical and health functions of the Federal Government, exclusive of those of the Army and Navy.*

2. *The allotment of such funds as the Congress may make available to any state in actual need for the prevention of disease, the promotion of health, and the care of the sick on proof of such need.*

3. *The principle that the care of the public health and the provision of medical service to the sick is primarily a local responsibility.*

4. *The development of a mechanism for meeting the needs of expansion of preventive medical services with local determination of needs and local control of administration.*

5. *The extension of medical care for the indigent and the medically indigent with local determination of needs and local control of administration.*

6. *In the extension of medical services to all the people, the utmost utilization of qualified medical and hospital facilities already established.*

7. *The continued development of the private practice of medicine, subject to such changes as may be necessary to maintain the quality of medical services and to increase their availability.*

8. *Expansion of public health and medical services consistent with the American system of democracy.*

Medical Broadcasts*

The Los Angeles County Medical Association:

The following is the Los Angeles County Medical Association's radio broadcast schedule for the current month, all broadcasts being given on Saturdays.

KFAC presents the Saturday programs at 8:45 a.m., under the title "Your Doctor and You."

In October KFAC will present these broadcasts on dates of October 3, 10, 17, 24 and 31.

The Saturday broadcasts of KECA are given at 10:30 a.m., under the title "The Road of Health."

† In the front advertising section of *The Journal of the American Medical Association*, various rosters of national officers and organizations appear each week, each list being printed about every fourth week.

* County societies giving medical broadcasts are requested to send information as soon as arranged (stating station, day, date and hour, and subject) to CALIFORNIA AND WESTERN MEDICINE, 450 Sutter Street, San Francisco, for inclusion in this column.

Pharmacological Items of Potential Interest to Clinicians*:

Author's Note: Some 400 copies of this bulletin have been distributed from San Francisco monthly for the past 3 years to friends all over the world (and lots have been returned undelivered, lately). Now we are moving to Texas. If possible, these will continue to be sent around monthly, at least to such friends as wish them. They may also be published in such medical periodicals as may wish to use them. It'll be good to hear from you: write *University of Texas Medical School, Galveston, Texas.*

* * *

1. *More War Medicine Books:* Information Center (505 5th Ave., N. Y.), issues *Medical War Books Directory* for 1939-42. AAAS publishes symposium on *Relapsing Fever in the Americas*. C. C. Thomas (Springfield, Ill.) goes places, as usual, with S. Mudd and Wm. Thalhimer's fine *Blood Substitutes and Blood Transfusions* (Bill Thalhimer tried a blood bank in Milwaukee in 1926—got some minor reactions, stopped! A. S. Wiener's *Blood Groups, Transfusion and Plasma*, and J. B. Herrick's pleasant *Short History of Cardiology*.

2. *More War Medicine:* April issue *Bull. Amer. Coll. Surg.* (Vol. 27, No. 2), is devoted to panel discussions on war medicine. May issue *Arch. Surg.* (Vol. 44, No. 5), contains a symposium on gunshot wounds, burns and shock. A. B. Sirbu and A. M. Palmer, *Calif. West. Med.*, 57:123, 1942), offer pertinent report on march fractures. J. H. Woolsey (*Ibid.*, p. 130), gives excellent discussion on soft tissue war wounds and complications. D. L. Lynch describes effects of war on industrial health (N. Eng. J. Med., 227:209, Aug. 6, 1942).

3. *More from Military Medical Services:* S. P. M. Bushby and L. E. H. Whitby describe large scale production of nonclotting plasma (*J. Roy. Army Med. Corps*, 78:255, 1942). A. I. L. Maitland discusses war burns (*J. Roy. Nav. Med. Serv.*, 28:3, 1942), E. P. Ellis recommends improvised methods for oxygen administration (*Ibid.*, p. 125). A. F. Abt suggests that ascorbic acid administration may prevent arsenical reactions (*U. S. Nav. Med. Bull.*, 40:291, 1942). J. Felsen discusses control of infectious diarrheas (*Mil. Surg.*, 91:65, 1942). C. M. Kos notes otolaryngological problems in aviation medicine (*Texas St. J. Med.*, 38:280, 1942).

4. *On Physiology:* J. Nedham, et al, ask if muscle contraction is an enzyme-substrate reaction (*Nature*, 150:46, July 11, 1942). M. Valentinuzzi and E. M. Busconi give remarkable mathematical analysis of cooling power co-efficient of body in relation to surrounding temperature (*Rev. Med. Lat. Amer.*, 27:682, 1942). H. M. Winans, J. V. Goode and C. T. Ashworth observe ventricular strain from compression of the pulmonary artery (*South Med. J.*, 35:225, 1942). G. J. Martin, M. R. Thompson and J. Carvajal-Forero show pantothenic acid and inositol essential for normal gastro-enteric motility with pylorospasm, hypertonicity, hypomotility, and gas resulting from deficiency. (*Amer. J. Dig. Dis.*, 9:268, 1942).

5. *On Bacteriology, Protozoology and Chemotherapy:* E. C. Rosenow discusses alpha streptococci in phase rela-

* These items submitted by Chauncey D. Leake, formerly Director of U. C. Pharmacologic Laboratory, now Dean of University of Texas Medical School.

tions to virus diseases (*Amer. J. Clin. Path.*, 12:338, 1942). F. M. Burnet immunizes against influenza virus B with living attenuated product (*Med. J. Austral.*, 1:673, June 20, 1942). J. B. McNaught thoroughly covers trichinosis (*Texas St. J. Med.*, 38:252, 255, 1942). Ann Bishop gives excellent review of chemotherapy and avian malaris (*Parasit.*, 34:1, 1942). H. King and W. I. Strangeways discuss relation between chemical structure and drug resistance among arsenicals (*Ann. Trop Med. Parasit.*; 36:47, 1942). F. G. Perrz-Carral and E. B. Loreno find that sulfathiazol produces local inflammatory reactions on intraperitoneal application (*Rev. Med. Hosp. Gen. Mex.*, 5:839, 1942).

6. *Eyeopener:* Studies on grafted nerves by F. K. Sanders and J. Z. Young (*J. Anat.*, 76:143, 1942), and fibrin suture of nerves by H. J. Sedden and P. B. Medawar (*Lancet* 2:87, July 25, 1942).

Doctors of Medicine as Some Others See Them.—During recent years, the medical profession and its work have been much misrepresented in certain lay publications. A perusal of editorial comments appearing in some California newspapers, in which appreciation is expressed for the healing and altruistic work of physicians, should therefore be of interest.

The above item, with some quotations appeared on pages 108-109 of the July issue of CALIFORNIA AND WESTERN MEDICINE. Some recent excerpts follow:

* * *

SPARE YOUR DOCTOR

War's drain on the nation's doctors continues to grow rapidly. In time, it is likely that all physically fit younger doctors, and many older doctors, will be called to military service. And so, the burden of work on the doctors who remain at home will be doubled and redoubled.

Many authorities are now advising the public as to how it may help these doctors perform their job with maximum efficiency under difficult conditions. First, don't ask your doctor to make a house call if you are able to go to his office. Second, don't call him at inconvenient times unless there is an emergency. Third, when you do see him, don't waste his time in gossip and idle talk. It may be all right to "visit" with the doctor in normal times—it is definitely a bad practice now.

The standards of American medical care are the highest in the world. During the war, with millions of people working at arduous labor, every possible means of guarding and maintaining these standards must be used. And you can be certain that the doctors will do their part. They will willingly work longer and harder. They won't spare themselves. They know better than anyone else that the preservation of civilian health is absolutely vital to the war effort.

The patient who wastes a doctor's time may, unwittingly, be depriving a person who desperately needs it, of medical attention. Spare your doctor!—San Mateo *Times and Leader*, September 8.

* * *

MAINTAINING MEDICAL STANDARDS

American medicine is doing everything in its power to meet the enormous demand of war for physicians. It is assisting the military forces in swiftly obtaining the doctors and dentists they need. As a war measure, the medical schools of the country have increased the size of their entering classes by about 10 per cent, and have adopted an accelerated program which calls for the graduation of a class every nine months. In addition, the bulk of the medical schools are now making available for military service all members of their faculties except those who are absolutely essential.

The purpose of this medical program is two-fold. First, the Army and Navy must be provided with sufficient men of medicine. Second, and equally important, there must be no deterioration in the standards of medical instruction. It is obvious to anyone that a badly-schooled or underschooled doctor would be a definite danger to the community in which he might practice. As a result, medical groups have insisted that the medical schools maintain their standards—and the government authorities have wisely coöperated.

A "speed up" in medical education can only go so far. There is a definite limit beyond which the time necessary for education cannot be reduced. The future welfare of this country demands the highest possible standards of medical care and service—and American medicine will see that those standards are maintained.—Oakland *Inter City Express*, September 4.

* * *

KEEP FIT, BECAUSE ILLNESS IS GOING TO BE LESS CONVENIENT SOON

One fact born of the war which has not yet been fully grasped by the civilian population is the increasing necessity of remaining healthy. Feeling fit is no longer just a beautiful principle, chiefly championed by the loincloth muscle men who peer at readers from the advertisements in magazines. Feeling fit is not just a patriotic responsibility. Feeling fit is about the only thing which will make one immune from the rapidly growing shortage of civilian doctors and physicians at a time when the task of getting a hospital room will be on a par with the last-minute, peace-time scramble for Labor Day accommodations at one's favorite resort.

* * *

One has only to poll the list of one's personal acquaintanceships within the medical profession to be impressed with the number of doctors and surgeons who have enrolled, or are about to enroll in the armed services. The burden of responsibility for the welfare of the civilian population already is falling heavily upon older men, particularly those whose years-cemented clientele has grown to proportions requiring a staff of one or more younger doctors. While the younger, newer men may possess even greater skill than their senior partner, it is common experience that long-time patients prefer to wait, even days at a time, for an appointment with their "friend." For years this has been true. Now, with the right and left commissioning of these younger men, many of whom also make real and patriotic sacrifices in entering service, the above-military-age doctors and surgeons are carrying tremendously increased loads.

* * *

Project this trend a few more months, let alone years, and the premium upon feeling fit really will be clear. There will not be doctors who arrive at the door a few moments after an emergency phone call. Appointments will be harder to get, unless the case obviously is critical. And instead of daily visits to private homes in widely separated locations, the patients will go to a hospital where a doctor can merely walk down the corridor and treat them all—that is, if the hospital is not already jampacked.

* * *

To write this is not alarmist. Thoughts expressed here are those running through the minds of many, above-military-age medical men now working to the hilt. But this picture is worth serious consideration by all who have taken good health for granted, and so have failed to practice the health-preserving rules of exercise, regular sleep, wholesome food and worry-free mental discipline. They should take note. Because in 1943 it's going to be

a lot more unpleasant to be ill than it is right now. And the well had better stay well so that the unavoidably ill will have a maximum chance for prompt, skilled and adequate help.—Pasadena *Star-News,* August 28.

* * *

We Must Avoid Unreasonable Demands on Doctors' Time

Paul V. McNutt, chairman of the War Manpower Board, recently pointed out that unreasonable demands on physicians' time must be avoided.

The necessity for this is apparent. Thousands of doctors have entered military service. By the end of this year, 20,000 additional physicians will be needed to serve our men in uniform. That need must be met, and it will be met. And one inevitable result will be a sharp decline in the number of doctors available to serve civilians.

This does not mean that anyone will have to go without necessary medical attention. It does mean that all must help, so far as they can, to see that doctors are able to use their working time to the fullest advantage. To quote Mr. McNutt, on the doctor's part: "It will mean long hours and hard work—sacrifices which will multiply the deep debt that every community owes to its physicians. There will be a real need to exercise every possible means for minimizing unnecessary medical services."

In other words, you are asked to forego for the duration the "luxury" of wasting your doctor's time and energies. That is a real and necessary contribution to the war effort, and to the protection of civilian health as well.—Martinez *Gazette,* August 20.

* * *

Medical Progress Never Ends

The steady progress American medicine is making against the dread bacterial killers, is illustrated by some figures concerning typhoid which were recently published in the *Journal of the American Medical Association.*

Last year, this report says, there was a significant decrease in the typhoid death toll in the large cities of the country. In 1940, there were 24 cities with typhoid death rates exceeding one per hundred thousand population—and in 1941, there were only 11 such cities. And for the 78 cities for which data is available since 1910, the 1941 death total was the lowest on record.

What is true of typhoid is true of a long list of other diseases. Typhus, tuberculosis, pneumonia, yellow fever—these are but a few of the killers which American medicine is defeating. In almost every case, the death rates are declining.

All of us have heard of famous doctors who have made spectacular medical discoveries. But doctors whose names are virtually unknown, deserve a great share of the credit for medical progress. The fight against disease goes on in backwoods communities, no less than in shining research laboratories with the finest equipment money can buy. Obscure general practitioners are doing their part, no less than the most distinguished specialists. In American medicine, progress never ends—and each achievement is simply a challenge to greater achievements yet to come. America has reason to be proud of its doctors.—Nogales *Herald,* September 17.

* * *

The Vanishing Doctor

"The medical profession is closer to scraping the bottom of the bucket than any other occupation, trade and profession." So said last January Dr. Morris Fishbein, whose position as editor of the Journal of the American Medical Association, put him in a position to know. . . .

To cope with this situation some steps are being taken which, if long continued, would mean danger in the future. Internships are being lowered, in many places, from two years to one, and some medical schools are cutting their courses from four years to three. Such changes have to be made because the call is great by the armed forces. It behooves all civilians to use their utmost to keep themselves in condition so that it will not be necessary to "call the doctor." . . . —Riverside *Enterprise,* September 18.

Physicians Wanted for Los Angeles County Tuberculosis Unit.—The Los Angeles County Civil Service Commission is seeking Physicians, M.D.'s, who are at least 21 years of age, for positions in the Olive View Sanatorium as Physician, M. D. (Tuberculosis) and Assistant Physician, M. D. (Tuberculosis). Physicians who have completed one year of internship in an approved hospital may file an application for the position of Assistant Physician. Doctors with one year's recent experience in the practice of medicine may apply for the Physician position.

There will be no written examination. Candidates will be rated on their scholastic record in medical school, their internship record and their aptitude and suitability for the advanced training, as evidenced by investigation or interview.

Qualified persons over 55 may file for the position of Physician for "Duration" appointments. All interested persons, whether residents of Los Angeles County or not, should obtain complete information from the office of the Commission, Rm. 102, Hall of Records, in Los Angeles, on or before Tuesday, October 13, 1942.

Resident Physicians in Nine Specialties Wanted in Los Angeles County Hospital.—Physicians at least 21 years of age, with an M.D. degree from an approved medical school and the completion of a one-year internship in an approved hospital, are being sought by the Los Angeles County Civil Service Commission, for the position of Resident Physician, M.D., in the Los Angeles County General Hospital, in the specialties of Anesthesiology, Dermatology and Syphilology, General Medicine, Neuro-Medicine, Neuro-Surgery, Ophthalmology, Orthopedic Surgery, Otorhinolaryngology or Pathology.

There will be no written examination. Candidates will be rated on their medical training and experience and their aptitude and personal suitability for advanced training in the specialty for which application is made.

Interested persons, whether residents of Los Angeles County or not, should obtain complete information from the Los Angeles County Civil Service Commission, Rm. 102, Hall of Records, in Los Angeles, on or before Saturday, October 17, 1942.

American College of Physicians.—At the Annual Meeting of the American College of Physicians, held in Atlantic City, June 6-8, 1942, John C. Sharpe, M. D., of Salinas, was elected a member of the Board of Governors of the College.

Interesting scientific programs were presented at the meeting and constructive plans laid out for the future.

Long Service of Departmental Employees in State Board of Health.—A study of personnel records of the California State Department of Public Health reveals the fact that 41 employees have served the department for 15 years and more, and 24 employees have served for 20 years and over. Eleven employees have served for 25 years and more, and 3 employees have served for more than 30 years. One employee has served since 1908. It is

believed that few State governmental units have such long service records as this department.

National Foundation for Infantile Paralysis.—The Third Annual Medical Meeting of the National Foundation for Infantile Paralysis, 120 Broadway, New York, will be held in New York City, on December 3-4, inclusive.

Graduates of Schools of Osteopathy Registered by Medical Examining Boards, 1934-1939.—The number of graduates of schools of osteopathy granted the privilege of practicing medicine, surgery or both by the medical examining boards from 1934 to 1939, inclusive, are given in table 22. Osteopaths licensed as physicians and surgeons by osteopathic boards, as for example those in California, are not included in these statistics.

In 1939, seven states registered such individuals, ninety-eight by examination and twenty by endorsement of credentials, namely in Colorado, Connecticut, Massachusetts, New Jersey, Oregon, Texas and Wyoming. These facts are shown graphically in chart 2 on page 1656, indicating by shaded lines those registering fewer than six graduates and by a solid area those licensing more than five such candidates during 1939.

In the six-year period, 1934-1939, 664 graduates of osteopathic schools secured licenses to practice medicine, surgery or both. Texas registered 273, New Jersey 145, Colorado 98 and Massachusetts 76; other states fewer than 20.

In Colorado, osteopaths have no separate board. They are admitted to the examination for a license to practice medicine. The statute of Colorado is silent with respect to the scope of practice authorized by a license issued to osteopaths.

In Connecticut, statute provides that any registered osteopath may practice either medicine, surgery or both, as the case may be, after passing a satisfactory examination before the medical examining board.

The Massachusetts statute, by definition, includes osteopathy in the practice of medicine and does not differentiate the type of license issued to an osteopathic applicant. The medical practice act requires that any applicant for license to practice must be in possession of a degree of doctor of medicine, or its equivalent, from a legally chartered medical school that gives a full four year course of instruction of not less than thirty-two weeks in each year. An amendment to the medical practice act providing an approving authority is not yet effective.

In New Hampshire osteopaths are granted the right to practice medicine and surgery by the Board of Registration in Medicine.

Osteopaths who are duly registered and licensed to practice osteopathy in the state of New Jersey, who present three years of practice of surgery in a hospital approved by the Board of Medical Examiners, may be admitted to the examination to be licensed to practice medicine and surgery.

The statutes of Texas provide for the issuing of a license to practice medicine only. So far as the statutes indicate, the osteopaths are not restricted in their field of practice.

In the District of Columbia, Oregon, Virginia, Wisconsin and Wyoming, osteopaths are granted the right to practice surgery.

Salmon Lectures on Psychiatry and Mental Hygiene.—The Salmon Committee on Psychiatry and Mental Hygiene of the New York Academy of Medicine has named Dr. Emilio Mira, professor of psychiatry at the University of Buenos Aires, Argentina, and formerly full professor of psychiatry at the University of Barcelona, Spain, as the Salmon Lecturer for 1942.

The lectures will be held on three successive Friday evenings, November 6, November 13, and November 20, in the New York Academy of Medicine Building, 2 East 103rd Street, New York City. Members of the medical profession and their friends are invited to attend.

The Salmon Committee each year selects an outstanding specialist in psychiatry, neurology or mental hygiene to deliver the series of lectures. Selection for the Salmon Lectureship is made from among the leading psychiatrists and neurologists throughout the world who have made the greatest contribution to their particular field of science during the preceding year and is likened to receiving the Pulitzer Prize in letters.

Stanford University School of Medicine: New Laboratory of Electroencephalography.—Western medicine was offered a new diagnostic service on October 8, 1942, with the formal opening of a new laboratory of electroencephalography at Stanford University's School of Medicine.

More popularly referred to as the "brain wave" machine, the electroencephalograph, as a sensitive and complicated electrical device for recording the electrical activity of the human brain, has been in use for several years, but the Stanford University medical investigators have installed what they believe to be one of the most complete and modern instruments in the country.

At present the new brain wave laboratory at Stanford is being used part of each day for testing by the military services.

The new instrument has been under construction and adjustment for nearly ten months. It is the outgrowth of several years of laboratory research work on convulsions and allied neurological problems which led to the need for such a precise method.

Dean L. R. Chandler of the Stanford School of Medicine regards the development as another example of a successful transition between the research laboratory, the "back room" of medicine, and practical clinical application.

The electroencephalograph just completed is unique among such apparatus in that it is entirely remotely controlled, thus avoiding electrical interference. It holds a newly-invented automatic calibrating device to give instant interpretation of the currents being recorded. The apparatus consists of four sets of amplifiers housed within a single unit.

On hand to watch the demonstration which marked the addition of the new department to Stanford Hospital's facilities were the directors of San Francisco's Irwin Foundation which has supported the project through its four years of progress from the research phase to fruition as a practical clinical method.

The Stanford staff, in making the diagnostic procedure available to western physicians, is receiving professional men for visits to the new laboratory.

With the new machine several portions of the brain may be investigated at one time and nearby and distant abnormalities may be studied simultaneously.

Supplemental Staffs for Emergency Base Hospitals.—Selected hospitals and medical schools in the coastal States have been invited by the Surgeon General of the U. S. Public Health Service to organize affiliated staff units which will be ready to serve when needed to supplement the medical staffs of Emergency Base Hospitals, now being designated by the Medical Division of the Office of Civilian Defense. These units resemble the affiliated hospital units of the Army except that they

are smaller in size. They are being organized in order to assure suitable status and remuneration for physicians who may be called upon in the event of an enemy attack in their locality to care for casualties and other patients who have been evacuated to the interior of their region. For additional information write to: Medical Division, Office of Civilian Defense, Washington, D. C., for copy of bulletin dated September 15, 1942.

Surgical Emergency Chests: Sacramento Outfit.—The Medical Division of the Sacramento Civiilan Defense, in coöperation with Sacramento Chapter American Red Cross, recently issued a four-page leaflet describing Surgical Emergency Chests that are planned to carry supplies and equipment for as large a number and variety of cases as possible and still be portable. They may be used either as stationary units in the Casualty Station operating room or as mobile units to be taken to a site of disaster. The leaflet is well illustrated.

By removing the legs from the compartment at the bottom, placing them in the wells at the corners of the chest and setting the chest top in place, tables are provided.

The width of the chests permits them to be carried in the back of a car, either on the floor or seat, as well as in the trunk. The weight has been kept at a minimum so that they may easily be carried by two people.

Sliding trays are designed to hold the smaller or more fragile articles or those that would be needed quickly. The drug tray length is the width of the chest so that if the table top is crowded the tray may be placed by the sliding tray supports and still be convenient to use.

A Coleman kerosene lantern and a Coleman stove are carried in case gas or electricity is not available.

When packed the contents are so arranged that supplies needed first are at the top and some free space has been left should it be decided that other supplies or equipment should be added.

Auxiliary Ambulances.—The American Auxiliary Ambulances, Incorporated, Hotel Whitcomb, San Francisco, California, a nonprofit corporation was organized to assist Civilian Defense Committees in adequately preparing for possible enemy attacks or other disaster; and is featuring the U. S. Army and O. C. D. approved Auxiliary Ambulance Stretcher-Carrier unit. Station wagons and panel delivery trucks can be converted quickly, inexpensively, into safe and efficient auxiliary ambulances. The equipment was tested at Carlisle Barracks and approved by Surgeon General's Office U. S. Army; L. D. Gasser, Major General, U. S. Army War Department, Member of the Board for Civilian Protection, and George Baehr, M. D., Chief Medical Officer, Office of Civilian Defense. For further information, write as per address above.

U. C. Trains Workers for Public Health Program.—A group of workers sent by public health officials to the University of California for special training have just completed an intensive eight-week course in sanitation problems and are returning to state and county posts.

Heightened interest in maintaining public health standards during the present emergency led Sacramento authorities to send 29 sanitation workers to the Berkeley campus for the purpose of studying special techniques in sanitary inspection, public health law, communicable diseases and their control, ventilation and housing, and sanitary engineering aspects of water, milk, and food supplies.

Under the direction of Dr. K. F. Meyer, chairman of the bacteriology department, both theoretical and practical aspects of the public sanitation program were presented in lectures, field trips, discussion groups, and laboratory practice. In addition to regular faculty members, special lecturers were called upon to give instruction in their specialized fields. Among these were chemists, inspectors, bacteriologists, and bureau chiefs from the state departments of public health and agriculture, representing such offices as the industrial hygiene service, the division of laboratories, the bureaus of dairy service and sanitary engineering, and others.

Medical Aid to Newcomers.—Newcomers to San Francisco may find reliable doctors through the County Medical Society's revised, up to date index of general practitioners and specialists, it was announced yesterday.

Although the Society urged the public to refrain from seeking unnecessary medical service at this time when the shortage of physicians is becoming acute, inquirers will be furnished a list of physicians by calling at 2180 Washington Street or phoning WAlnut 6100.—San Francisco *Examiner*, October 5.

New Journal: "Gastroenterology".—The American Gastroenterological Association on January 1, 1943, will publish the first issue of a new Journal to be called, *Gastroenterology*. The new Journal will be owned by the Association, will be the official publication of the Association, and will be published by William and Wilkins Company. It will appear monthly, and the subscription price will be $6.00 per year.

Dr. W. C. Alvarez will be the editor (after June, 1943) and Dr. A. C. Ivy will be the assistant editor. Dwight L. Wilbur of San Francisco is a member of the editorial board. *Gastroenterology* invites for publication clinical and investigative contributions which are of interest to the general practitioner as well as the specialist and which deal with the diseases of digestion and nutrition, including their physiological, biochemical, pathological, parasitological, radiological and surgical aspects. Manuscripts should be sent to Dr. A. C. Ivy, c/o *Gastroenterology*, 303 East Chicago Avenue, Chicago, Illinois.

American Public Health Association.—In connection with the 71st Annual Meeting of the American Public Health Association in St. Louis, October 27-30, meetings of the following related organizations will be held:

American Association of State Registration Executives.
American School Health Association.
American Social Hygiene Association.
Associated Teachers of Preventive Medicine.
Association of Women in Public Health.
Conference of Municipal Public Health Engineers.
Conference of State Directors of Health Education.
Conference of State Directors of Public Health Nursing.
Conference of State Directors of Local Health Services.
Conference of State Nurse Deputies.
Conference of State and Provincial Public Health Authorities and Association of State and Territorial Health Officers.
Conference of State and Provincial Public Health Laboratory Directors.
Conference of State Sanitary Engineers.
Illinois Conference on Public Health.
Illinois Public Health Association.
International Association of Milk Sanitarians.
International Society of Medical Health Officers.
National Committee of Health Council Executives.
National Organization for Public Health Nursing.
National Society for the Prevention of Blindness, Inc.

The advance programs, as published in the American Journal of Public Health, show close relationship to wartime health problems. Nutrition, industrial hygiene, the control of communicable diseases, maternal and child health, and housing are among the aspects of civilian health to be discussed by the several hundred speakers. The health protection of the armed forces will be described by high officials of the Army and the Navy.

2,500,000 Pints of Blood Needed By U. S. in Year.—Blood donors are needed at the rate of 50,000 per week for the next 12 months, Chairman Norman H. Davis, of the American Red Cross, has announced. The Army and Navy have requested the Red Cross to collect a new quota of 2,500,000 pints of blood within that period.

The blood collected by the Red Cross will be processed into dried plasma and serum albumin for emergency transfusions for the armed forces. The serum albumin is a recently developed blood substitute in which the Navy is especially interested because it requires less storage space than plasma.

The Red Cross until now has had to restrict the quotas of its donor centers because of the limited capacities of the laboratories processing the blood. Laboratory capacity is being rapidly expanded, however, and will, with new ones soon to be participating in the program, have a combined capacity to process at least 2,500,000 pints of blood during the next 12 months and the total may reach 3,000,000.

The blood must reach a processing laboratory within 24 hours after it is drawn.

Those who have already given blood can do so again. The averge healthy man or woman can safely give blood for transfusions every three months, according to a recent report to the American Medical Association.

Press Clippings.—Some news items from the daily press on matters related to medical practice follow:

Doctors Cancel S. F. National Convention

Chicago, Sept. 18.—(INS.)—The American Medical Association announced today cancellation of its ninety-fourth annual session in 1943, which was to have been held in San Francisco, because of the "tremendous" wartime demands on the medical profession.

Instead of the general convention, the house of delegates, board of trustees, scientific councils, and officials of the association will meet in Chicago in June, 1943, chiefly to consider the profession's wartime problems.—Fresno *Bee*, September 18.

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Medical Men Drop 1943 Convention

Rumored for several months, the American Medical Association's abandonment of its 1943 national convention, slated for San Francisco, became official today.

The action was taken by the organization's board of trustees in Chicago, President C. E. Baen of the San Francisco Convention and Bureau was notified by Walter G. Swanson, bureau vice-president and general manager, who attempted to persuade the Association to go ahead with original plans.

Mr. Swanson said he was endeavoring to have San Francisco designated as the first convention city when the war is over.—San Francisco *News*, September 21.

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Chiropractors Ask Deferral

With a statement that the nation's armed forces have made no place for chiropractors, the International Chiropractors' Association has petitioned Lewis B. Hershey, selective service director, to recommend deferment of all members of the profession, Dr. Paul B. Firth, association representative here, announced Tuesday.

The petition pointed out that members of the profession, holding master's degrees in chemistry and other subjects, conferred by State universities, are automatically eliminated from serving in their specialized fields, because of "regulations written into the selective service act by organized medicine," Dr. Firth stated.

About 5 per cent of the chiropractor members are already in the service and at least 500 could be placed immediately in civilian communities, where they could serve on the home front by helping maintain national health and welfare, Dr. Firth pointed out.—Portland *Oregonian*, September 23.

* * *

Caltech Again In Forefront In War Against Human Diseases

People of Pasadena and vicinity are proud in their possession of so distinguished an establishment for the advancement of the sciences as the California Institute of Technology, and this pride is accelerated by every new achievement of the Institute and the earnest savants who carry on their researches there.

Latest kudos to the researchers at Caltech has just come from the Rockefeller Institute, and is bestowed upon Dr. Linus Pauling and Dr. Daniel H. Campbell of the Gates and Crellan Laboratories of Chemistry at Caltech. The bestowal is for their discovery of a new synthetic formula as an antibody against Type III pneumonia.

That the discoveries of these Caltech scientists, through painstaking experiment, promise to be of great benefit to mankind is indicated by discussion of their experiments in the Rockefeller Institute's publication, "Experimental Medicine," and affirmation of its practical value by the Journal of the American Medical Association.

Pneumonia, in its various forms, has long been one of man's most malignant scourges. The toll of this fever, down through the ages, has been appalling. Modern science, however, has made successful attack upon it. Use of oxygen tents and development of the efficacy of sulfra drugs have been noteworthy advances. And now it would appear that able Doctors Pauling and Campbell have written, out of their Caltech investigations, a brilliant new chapter of this progress. The Star-News congratulate them, and the Institute.—Pasadena *Star-News*, August 24.

* * *

Texas Appoints Dr. Leake, U. C. Savant, As Dean

Austin, Tex., Aug. 22.—(AP.)—Dr. Chauncey Leake, 45, pharmacologist of the University of California Medical School, will become executive vice-president and dean of the University of Texas Medical Branch at Galveston about September 15.

Announcing Dr. Leake's appointment by the University Board of Regents, President Homer P. Rainey said regents, faculty and a special advisory committee agreed that "he is well suited for the position in Texas." Terms of Dr. Leake's contract were not disclosed.

As Dean he succeeds Dr. John W. Spies, recently discharged by the Regents, who also stripped department heads of administrative authority, effective September 1, as a result of administrative unrest at the school. The vice-president is a new position created by the Regents for the purpose of broadening the State's medical education program.

The medical branch has been placed on probation by the council on medical education and hospitals of the American Medical Association and appointment of Dr. Leake was considered another move directed at removing the probationary status, which impairs credits earned by students.—Oakland *Tribune*, August 23.

* * *

Plenty of Doctors for All—If They're Called Soon Enough

A growing dearth of physicians which is resulting from demands of the armed forces need not seriously discommode the civilian population if citizens will call their doctor in the early stages of an illness, Dr. George M. Uhl, city health officer, said yesterday.

He cautioned against anxiety resulting from rumors that there will not be enough doctors to take care of the civilian population.

"If, during the day, you are not feeling well, call your doctor before nightfall," he advised.

The health officer said the situation could be relieved also by citizens going to their doctors' offices rather than insisting on calls at their homes.—Los Angeles *Daily News*, September 22.

* * *

The Nation Calls the Doctor

The American Medical Association announces that approved medical schools, operating under accelerated wartime programs, will graduate a record total of 21,029 students during the next three years. The number is 5082 more than should normally have graduated. This increase is precious, and pitifully small. The man with the power of healing, with the power of preventing epidemic, is more important than the man trained to kill in this fight of the nation for its life.—Hanford *Sentinel*, August 27.

* * *

Disease Quick Cure Assailed

Medical Officers Discount de Kruif

Local city and county health officers are in agreement with the American Medical Association journal in assailing an article titled, "One Day Cure for Syphilis," by Paul de Kruif which appeared in the September issue of Readers' Digest.

De Kruif is said to have jumped at conclusions regarding a treatment which still is admittedly in the experimental stage, and his article is assailed as having done

outright harm by raising false hopes and creating general dissatisfaction among venereal disease patients.

Drs. D. M. Bissell and C. M. Burchfield, city and county health officers respectively, have called attention to an article in the September 5 issue of the Medical Journal and to the work which is being done locally to combat venereal disease. . . .

That the present situation, according to Dr. Bissell, based upon accurate records over a long period of time, and de Kruif's sensational statements regarding new and experimental treatment contributes nothing constructive to the fight against this dread disease.—San Jose *Mercury Herald*, September 20.

* * *

Medical Aid for Housing Units Studied

The problem of providing adequate medical service to occupants of local U. S. housing projects with the present limited number of physicians was discussed last night at a symposium conducted by leading medical men of California during a meeting of the Solano County Medical Association at the Casa de Vallejo.

Executives of the California Medical Association attended together with leading physicians and surgeons of Solano County, Napa, San Francisco, northbay counties and Northern California.

The California Medical Association, working in conjunction with the Solano County group, is seeking a solution of the medical problem created by the large influx of defense workers to the greater Vallejo area and the shortage of doctors and lack of hospital facilities.

A definite program may result from the discussions now underway.

Attending last night's meeting were Dr. William Molony of Los Angeles, president of the California Medical Association; Dr. Karl Schaupp, of San Francisco, president-elect of the association; Dr. Henry Rogers, of Petaluma, past president; Dr. George Kress, San Francisco, secretary; John Hunton, executive secretary; Dr. John Green, of Vallejo, councilor for the ninth district; and Dr. Dwight Murray of Napa, chairman of the legislative committee of the state association.

More than 40 other physicians from Solano County and nearby cities and towns attended.

During the evening, a film was shown on new research in adrenal cortex extract, a new blood pressure raising principal.

Dr. Cary Snoddy, president of the Solano County Medical Association, presided at the meeting.—Vallejo *Times-Herald*, September 9.

* * *

Physician Takes Trip; Tires Will Be Seized

St. Louis, Sept. 4.—(AP.)—Tire rationing officials in Salt Lake City have been notified to intercept a St. Louis physician who is making a pleasure trip and confiscate four new rationed tires on his automobile.

Disclosure of the action was made today by Matt Morse, member of the St. Louis Rationing Board, who said the doctor was given a permit last week for the tires, which were to be used solely in driving to attend his patients.

The name of the physician was withheld by the board. —Fresno *Bee*, September 4.

* * *

Nevada Doctors Hear Addresses

Reno (Nev.), Sept. 25.—The Nevada State Medical Association entered the second day of its annual meeting here today after an opening session devoted to registration, inspection of exhibits of firms handling medical and surgical supplies, and listening to the annual address of President Dr. George Magee of Yerington.

Several visiting physicians spoke on technical subjects, including Dr. Robert A. Peers of Colfax, Calif., whose topic was "Control of Tuberculosis in the Individual Patient and Among His Contacts." The evening was given over to entertainment.

Papers scheduled for today, with discussions to follow, were those of Dr. Miley B. Wesson of San Francisco, Dr. George Warren Pierce of San Francisco, Dr. George Joyce Hall of Sacramento and Dr. Warren B. Allen of Oakland.

Dr. Horace J. Brown of Reno, who has been secretary of the Association for the last twenty-five years, announced today that he will retire from that position this year.—Sacramento *Bee*, September 25.

* * *

U. S. Population Set at 133,965,000 in '41

Washington, Sept. 28.—(AP.)—The war was given major credit by the census bureau today for a population increase of 1,327,000 in 1941, boosting the nation's estimated population on January 1 to 133,965,000.

The 1941 increase, double the average for the previous ten years, was ascribed by the bureau largely to business prosperity due to war production, anticipation of being drafted and the return of Americans from other lands because of the war.

Births in 1941 rose to 2,728,000, about 408,000 more than the ten year average. Deaths during the year totaled 1,442,000, about average.

Because of a stoppage of immigration and an expected abrupt drop in the birth rate due to millions of men being in the armed forces, the bureau said, there was little prospect of continued population growth at the 1941 rate.

Women approached parity with men in the division by sexes, as the ratio of males per 100 females dropped from 100.7 to 100.4.—San Francisco *Call-Bulletin*, September 28.

* * *

Census Shows 22,000,000 Have Foreign Mother Tongue

Approximately 22,000,000 white persons in the United States have a foreign mother tongue, the Census Bureau announced in releasing the first data ever collected on the native language of the nation's population.

German was the mother tongue of more white persons in 1940 than any other language, yet German-speaking residents represented only about 4 per cent of the nation's white population, the bureau found. . . .

Spanish Third

A high percentage of the individuals whose mother tongue was Spanish are third and subsequent generation Americans. The Census Bureau remarked that "the speaking of Spanish has been retained quite tenaciously by the Mexican stock," which is concentrated in the southwestern section of the country.

California has 416,140 residents whose mother tongue is Spanish, the Census Bureau disclosed. The national total is 1,861,400, so that California accounts for 22 per cent. Spanish was reported as the native language of 1.6 per cent of the country's white population, the fourth highest on the list. . . .

The survey showed that English is the mother tongue of 93,039,640 white residents, or 78.6 per cent of the total. Other languages high on the list were German, spoken by 4,949,780; Italian, 3,766,820; Polish, 2,416,320; Spanish, 1,861,400; Yiddish, 1,751,100; and French, 1,412,060. No other foreign language was the mother tongue of more than 1,000,000 persons.

The census gave no figure on the number of persons for whom Japanese was the "mother tongue" since the study was confined to white residents.—Los Angeles *Times*, September 28.

* * *

U. S. Suicides Totaled 18,907 in 1940, Census Bureau Reports

Three-fourths of All Persons Who Kill Themselves Are Males, Statistics Compiled by Department Show

Washington, Sept. 21.—(AP.)—Suicides totaled 18,907 in 1940, a rate of 14.4 for each 100,000 population, the Census Bureau reported today. This compared with a rate of 10.2 in 1900 and the peak of 17.4 in 1932.

The bureau offered these statistics about self-destruction:

More than three-fourths of suicides are males.

The ratio of white persons ending their lives is nearly four times as great as that of Negroes.

The Chinese ratio is highest of all—45.2 for each 100,000, while the Indian rate is 8.4 (refers to Chinese and Indians in America).

April has the highest suicide level, January the lowest.

Nevada has the highest rate—40.8 for each 100,000 population, while South Carolina and Arkansas tie at the bottom with a rate of 6.3.

The greatest number of suicides by age groups is in the 45 to 54 year bracket.—Los Angeles *Times*, September 22.

We American writers have one of the great stories of the world to tell, if we have the wit to tell it truly. There is no surer way that I know, of fitting ourselves for the future, than by gaining an understanding of what the ordinary citizen, who has to work for his living, has been doing and thinking and hoping through the course of formal history.—*Walter D. Edmonds.*

MEDICAL JURISPRUDENCE†

HARTLEY F. PEART, ESQ.
San Francisco

Physicians Leaving Practice During Present War: Status on Return as to Former Practice

In order to facilitate the participation of physicians and surgeons in the war effort, and to provide for adequate medical personnel for the various branches of the armed services, as well as for vital war industries and the civilian population, there was established on October 30, 1941, the Procurement and Assignment Service as one of the subdivisions of the Office of Defense Health and Welfare Service. This Procurement and Assignment Service relates to all physicians, dentists and veterinarians in the United States. The Service is to coöperate with the various offices of the selective service system in determining whether physicians, dentists, and veterinarians who are subject to classification by selective service are essential in their local communities or may be spared for service with the armed forces. In addition, various state committees will survey local needs for professional service, and on the basis of these surveys will determine how many physicians, dentists or veterinarians are needed in the various communities of the state to care for the civilian needs and how many can be released for service elsewhere.

All members of the professions to which the Procurement and Assignment Service applies are given an opportunity to express their preference for service in industrial practice, civil practice in other communities, state and local health departments and institutions, etc., in the event they are not eligible for service with the armed forces. As a result of the studies and work of this Service, undoubtedly there will be numerous physicians and surgeons requested to give up their remunerative practices in home communities to assist in the war effort in places where the need for medical men is greater. At the present time, there is no legal method of compelling a physician or surgeon to move from the community in which he is established or to accept duties in connection with a public health service or war industry. The procedure will be to request the particular physician and surgeon to make the change which the Procurement and Assignment Service deems necessary, and in the event of a refusal, the change cannot be compelled unless the physician is inducted into military service. All physicians and surgeons are subject to the provisions of the Selective Service and Training Act of 1940, and if within the designated age limits and possessed of the requisite physical qualifications, they can and will be drafted for service in the armed forces unless it is determined that their services are necessary in their local communities or present position. Deferments on the basis of local need can be made only by the proper selective service authorities, but they are at present coöperating with the Procurement and Assignment Service in making determinations of the necessity of the particular individuals.

The great numbers of physicians and surgeons who will be taken into military service or transferred from their present locations by the Procurement and Assignment Service are all presented with the question of what their situation will be at the end of the war. The prospect of beginning anew to rebuild a practice which has been lost while the physician absented himself in the service of his country is not a bright one. With respect to individuals in private industry, Congress has afforded some measure of security in a section of the Army Reserve and Retired Personnel Service Law of 1940 (50 U.S.C.A. App. Sec. 403). It is therein provided that persons who leave positions in the employ of a private employer to enter military service shall be restored to such position or to a position of like seniority, status, and pay upon making application therefore on discharge from military service, unless the employer's circumstances have so changed as to make it impossible or unreasonable to do so. This makes it much more likely that such persons will not lose what economic advantages they had gained prior to the outbreak of the war. Unfortunately, there is no law which guarantees the return of their former practices to members of the professions on the termination of their military service or service with some other part of the war effort. From the very nature of the practice of physicians, surgeons, dentists or lawyers, etc., it would be impossible to draft any law guaranteeing the maintenance of their status while they are in the service of their country.

Obviously, if a physician or surgeons enters the military service or accepts a new position upon the request of the Procurement and Assignment Service, and makes no provision for the care of his practice while he is so occupied, there is no possibility of his maintaining any interest in the practice while on duty in another part of the country. There is nothing in law to prevent any physician and surgeon from establishing himself in the community abandoned by a physician entering military service, and continuing to practice in the same community at the end of the war. A man cannot be prevented from lawfully practicing his chosen profession in any community which he selects. Although the absence of a great number of physicians and surgeons serving in the armed forces may work to the advantage of those who remain, this is a situation which cannot legally be avoided. That some members of all professions will profit at the expense of those serving their country, must be expected, and is only one of the sacrifices which members of the medical profession will be called upon to make in the interest of national defense.

† Editor's Note.—This department of CALIFORNIA AND WESTERN MEDICINE, presenting copy submitted by Hartley F. Peart, Esq., will contain excerpts from the syllabi of recent decisions and analyses of legal points and procedures of interest to the profession.

It is possible, however, for a physician and surgeon entering military service, or responding to the call of the Procurement and Assignment Service, to enter into an express agreement with another physician to care for his practice until such time as he is able to return. In this manner a physician could maintain his offices in the care of the person selected to take his place, and on his return might still have some measure of his former practice. The details of the agreement which would be executed between the physician leaving and the person selected to take the position of *locum tenens* would be entirely up to the individuals. In order to protect the physician absenting himself, it could be provided that upon the termination of his war service the person taking his place should vacate the offices and such person could further expressly agree not to practice medicine in the same community for a period of years.

The question which immediately presents itself is whether or not such a covenant restraining a person from practicing his lawful profession would be valid. Obviously, if the physician who took the position of *locum tenens* could open other offices in the same community he might well take all of the practice with him of the physician who had been in military service.

Business and Professions Code, Section 16601, provides as follows:

"Any person who sells the good will of a business may agree with the buyer to refrain from carrying on a similar business within a specified county or counties, city or cities, or a part thereof, in which the business so sold has been carried on, so long as the buyer, or any person deriving title to the good will from him, carries on a like business therein."

In *Crutchett v. Lawton, 139 Cal. App. 411*, it was determined that this section applies to the sale of a physician's "office equipment, medical business and fixtures, including the good will of the business." In the *Crutchett* case, the District Court of Appeal held that a physician who had sold his practice could be enjoined and restrained from practicing his profession in certain counties of the state in violation of the covenant contained in his contract of sale.

Although the agreement contemplated above between a physician entering military service or leaving the community, and another physician who remains to care for the practice of the physician so leaving, is not strictly speaking a sale such as is contemplated by Business and Professions Code, Section 16601, quoted *supra*, the principle should be the same. In order that the contract and agreement be brought within the terms of this section it should provide that on the physician's return from military service his practice shall be transferred for a consideration and in effect sold back to him by the person in whose care it had been left, and further that as a part of the transfer such person covenants and promises not to engage thereafter in the practice of his profession in the same community. Such an agreement is in effect a partial sale, and the courts would probably hold that a covenant restraining the person in the position of *locum tenens* from practicing in the same community after the return of the physician who has been in military service was enforcible. This result cannot be predicted with certainty but, in any event, it is advisable for all physicians leaving their communities to serve in the war effort to make some attempt to secure a person to maintain their practice during the period of absence, and also to enter into an express written contract with such person clearly defining their legal relations.

LETTERS†

Concerning Prizes in General Surgery: Offered by San Francisco Surgical Society

(COPY)

SAN FRANCISCO SURGICAL SOCIETY

September 21, 1942.

George H. Kress, M. D.
450 Sutter Street,
San Francisco, California.

Dear Doctor Kress:

The San Francisco Surgical Society wishes to announce an annual contest in the field of general surgery open to young physicians in San Francisco and vicinity. Two prizes are offered: first prize $150 and second prize $100.

The conditions of the contest are as follows:

1. The author must be a physician in the field of general surgery who is in the period of graduate training and not more than six years removed from graduation from medical school.

2. The author must reside (at least temporarily) within a radius of 50 miles of San Francisco.

3. The paper submitted must represent original work in the field of experimental or clinical surgery, but not necessarily based upon an original idea. The author may be aided by associates.

4. The paper must not have been presented or printed, as submitted in its final form, prior to submission to the Society.

5. All illustrations must be original and be provided with ample legends and identification marks to make them easily understood.

6. All references to the literature or other sources of information cited must be listed in a manner conforming to the abbreviations and order used by the Quarterly Cumulative Index Medicus. Diction, brevity and simplicity of written presentation will be considered factors of value.

7. The paper must be submitted without marks which would identify the author, hospital or institution of origin. A sealed, non-transparent envelope enclosing the name and address of the author must be furnished. The paper is to be sent to the Secretary of the Society and the return address must also be that of the Secretary of the Society. The Secretary will remove and retain the sealed envelope and transmit the paper to the Committee on Awards.

8. Prize winning papers will be presented by the authors at a meeting of the Society or an open meeting and in the manner designated by the Council of the Society.

9. Papers submitted must be in the hands of the Secretary not later than June 30, of each year.

10. If the papers be published, they shall be designated as the prize winning essays of the San Franicsco Surgical Society.

11. A first prize of $150 and a second prize of $100 shall be awarded annually. If the papers submitted are not of proper standard, the Committee on Awards may

† CALIFORNIA AND WESTERN MEDICINE does not hold itself responsible for views expressed in articles or letters when signed by the author.

recommend that no award be made. Action by the Society shall be final.

Will you be kind enough to make some mention of this contest in CALIFORNIA AND WESTERN MEDICINE.

Very truly yours,

(Signed) JOHN W. CLINE, M. D., *Secretary*,
490 Post Street, San Francisco, Calif.

Concerning C.M.A. Donation to Lane Medical Library

(COPY)

Stanford University
Stanford University, California

September 23, 1942.

Dear Mr. Hunton:

I was much pleased to learn from Director van Patten of our University Libraries of the gift of $1150 to our medical library for 1942 from the California Medical Association. This will be most helpful, and we are all much pleased by your generous support and to know that you feel our library has been of such assistance to members of the association.

With much appreciation for your kind letter and for your gift, I am,

Faithfully yours,
RAY LYMAN WILBUR, *Chancellor*.

Concerning C.M.A. Donation to Barlow Medical Library

LOS ANGELES COUNTY MEDICAL ASSOCIATION

September 29, 1942.

Dear Mr. Hunton:

Thanks very much for the check in the sum of $1150.00 representing the contribution of the Association to our Library.

I want to assure you that our Library is receiving some very heavy demands for current literature from the various military posts throughout the State.

Yours very truly,
L. A. ALESEN, M.D., *Secretary*.

Concerning Library Material Connected with History of Medicine

(COPY)

UNIVERSITY OF CALIFORNIA

To the Editor.—The University of California Medical School wishes to call to your attention the fact that recently the Crummer Room of the History of Medicine has presented exhibits of material on the following subjects: History of Dermatology; Development of the Modern Pharmacopoeia; Contributions of Nineteenth Century French Clinicians.

The exhibit on Dermatology includes the first work on industrial diseases, the *Morbis Artificum Diatriba* of *Bernardo Ramazzini*, in which he describes not only the contemporary industrial diseases but discusses the conditions of industry at that time: the *Opera Omnia* of *Fracastorius* (1484-1553) who named syphilis: *Willan; On Cutaneous Diseases*, v. 1, 1809, the work which is the beginning of modern dermatology. This is the first American edition. Willan did not live to complete volume two. His work was taken up by *Bateman*, his disciple, who is represented by his *Delineations of Cutaneous Diseases*, 1828.

The exhibit of Pharmacopoeias traced the history of pharmacy from Egypt to the present day and included the *Dispensatorum of Valerius Cordus*, edition of 1592. This was the first legal pharmacopoeia to be printed. It was authorized by the Senate of Nuremberg in 1546. Also on view were the *De Medicinali Materia Libri Sex of Pedacius Dioscorides*, surgeon in the service of Nero whose word was law in materia medica for sixteen centuries [edition of 1543]. Of national interest were the first edition of the *U. S. Pharmacopoeia* [1820]; the *Pharmacopoeia of the New York Hospital* [1816] and that of the *Massachusetts Medical Society* [1808]. Most important item of the exhibit was the *Pharmacopoeia Londenensis*, edition of 1618. This is a first edition of exceeding rarity.

The exhibit of the works of nineteenth century French clinicians was gathered together with the object of presenting the evidence of the great contributions made by the French nation to the advancement of science. An effort has been made to include as many branches of the medical arts as possible. Included are the first editions of *De l'Auscultation Médiate, of Laennec* [1819]; *Recherches Sur Les Effets de la Saignée* of *Pierre Louis* [1835], *Essai Sur les Maladies et les Lesions Organique du Coeur, of Corvisart* [1806]; *Examen Critique sur la Fermentation, Pasteur's* famous paper on Claude Bernard's theory; and *De la Paralysie of Calmeil* [1826]. Other men included in the exhibit are *Magendie, Nelaton, Dupuytren, Broca, Pinel and Charcot.*

We would be grateful if you could find room for a short announcement of these exhibits in CALIFORNIA AND WESTERN MEDICINE.

U. C. Medical Center.

Sincerely,
FRANCES T. GARDNER,
Librarian, Crummer Room.

Concerning Lane Library Facilities

THE STANFORD UNIVERSITY LIBRARIES
Stanford University, California

August 24, 1942.

Dear Dr. Kress:

I believe that members of the California Medical Association will be interested in the present status of the Lane Medical Library's subscriptions to periodicals published in Germany and the occupied European countries.

The Joint Committee on Importations has approved in its entirety the list of periodicals which we considered essential to have for 1942. These periodicals have been paid for and will reach us in due course through approved channels.

If existing conditions continue, the more important periodicals issued in Germany and the occupied European countries for 1943 and later will be made available at the Lane Medical Library in microfilm form.

One or more microfilm readers will be available at the Lane Medical Library in September.

May I take this oportunity to express our appreciation of the assistance which we have received from the California Medical Association in the past.

Sincerely yours,
NATHAN VAN PATTEN, *Director*.

Concerning Licensure of Naturopaths in California

(COPY)

1020 N Street, Room 536,
Sacramento, California, August 6, 1942.

Yours of July 20th, re: Naturopathic law.

American Naturopathic Association,
Anderson, South Carolina.

Attention: Dr. W. Gano Compers,
Secretary-Treasurer.

Gentlemen:

Your letter addressed to the Secretary of State has been forwarded to us for reply. Therein you request "a copy of the Naturopathic Practice Act as it is or was recorded on your statutes."

The only statutory provision relating to the practice of naturopathy ever passed in the State of California was Chapter 276, Statutes 1909, which required the Board of Medical Examiners to endorse certificates that had been issued by the Board of Examiners of the Association of Naturopaths of California without the requirement that the holder of such certificate should present any educational qualifications to the Board.

Under this amendment the Board was required to endorse some 103 certificates which had previously been issued by the Naturopathic Association of California. Such a naturopathic certificate was not valid in the State of California unless signed and sealed in 1909 by the then president and secretary of the Board of Medical Examiners, and said endorsement must have been made within the time required in the law.

Several ineffective attempts have been made in the past several years to pass a naturopathic law in this state.

Very truly yours,

C. B. PINKHAM, M. D.,
Secretary-Treasurer.

CC George H. Kress, M. D., Secretary, C.M.A.

Concerning California Law in re: Graduates of Foreign Medical Schools

(COPY)

Sacramento, California,
August 20, 1942.

Subject: Yours of August 6th re: ————, M.D.,
Foreign medical school graduate.

Dr. ————,
Los Angeles, California.

Dear Doctor:

This will acknowledge receipt of your letter written in behalf of Dr. ————.

You undoubtedly are unaware of the statute passed by the 1941 legislature which exacted additional requirements of graduates of foreign medical schools.

The 1935 statute (Section 10) exacted that the foreign medical school graduate "must file evidence satisfactory to the Board that he has served at least one year in residence in a hospital located in the United States, approved by the Board for internship." Additional statutory requirements were exacted by the 1941 legislature.

Dr. ———— was familiar with these requirements. However, when he filed his application for written examination, he failed to produce evidence that he had fulfilled the requirements of the law. Although Dr. ———— showed residence in one of the State hospitals, none of the State hospitals is approved for the training of interns. Hence, he did not fulfil the statutory requirements. We regret Dr. ———— did not fulfil the statutory requirements; however, we have no suggestions to offer in this regard, as the Board of Medical Examiners administers the law only as passed by the legislature of this State.

Permit us to state that the records indicate that Dr. ———— has been in the State of California for a period of over two years. Sometime ago he was advised regarding the statutory requirements of graduates of foreign medical schools. During the period of his connection with the State hospitals he must have had sufficient time to train qualified practitioners of medicine in said hospitals so that they are able to administer scientifically the ***insulin shock treatment.***

Awaiting your further pleasure, believe me,

Very truly yours,

C. B. PINKHAM, M. D.,
Secretary-Treasurer.

Concerning Shortage of Nurses in California

STATE OF CALIFORNIA

Board of Nurse Examiners

Sacramento, California, September 9, 1942.

To the Editor.—We are enclosing a copy of the Resolution adopted by the Board of Nurse Examiners at its meeting, September 3rd, 1942, in connection with the emergency regulations for the registering of out-of-state nurses.

Sincerely,
BOARD OF NURSE EXAMINERS,
By Kathryn Cafferty, R.N.

(COPY)

DEPARTMENT OF PROFESSIONAL AND VOCATIONAL STANDARDS, BOARD OF NURSE EXAMINERS

At a meeting of the Board of Nurse Examiners on September 4, 1942, the following resolution was adopted:

WHEREAS, The state of National War Emergency is creating a serious shortage of nursing personnel in the United States of America and which has resulted in an acute problem in California, and,

WHEREAS, The present situation in California is erroneously attributed to the standards set by the Nursing Practice Act, and,

WHEREAS, It is the desire of the Board of Nurse Examiners to be helpful and to do all within their power to meet the nursing problems of the emergency; be it

Resolved, That the Board of Nurse Examiners does adopt, for the emergency, the following policy:

Out-of-state nurses who do not meet the total requirement for registration in California, but who are graduates of an accredited school in another state and who hold current registration in another state, shall be admitted to examination in California providing they comply with the preliminary requirements of the Board of Nurse Examiners; be it further

Resolved, That the applications of out-of-state nurses, graduates of accredited schools of nursing in another state and not registered in that state, will continue to be evaluated by the Board of Nurse Examiners, as previously, on an individual and professional basis; be it further

Resolved, That this policy has been established as an emergency measure and these rulings are not to be construed as precedents to be followed after the war.

BOARD OF NURSE EXAMINERS.

Concerning Article on Malpractice Insurance by Louis J. Regan, M. D.

The fourth article in a series appearing in the Editorial Comment department of C. and W. M., will appear in the November issue. G.H.K.

Concerning Relief to American Prisoners in Japan

(COPY)

To the Editor.—Will you kindly publish the following item in the next issue of your JOURNAL, and oblige.

Sincerely yours,
(Signed) JOHN F. MARTIN.

The following resolution, as formulated by the Military Members in Service Committee of the Commonwealth Club of California, and approved by its Board of Governors, was adopted by the San Francisco Bay Chapter of the Military Order of the World War at its recent meeting. Major General Paul B. Malone, Commander of the local Chapter, states that this resolution is a laudable presentation of a humanitarian intention of those who belong to such organizations as the Commonwealth Club to do all they can to aid the men and women who are fighting and dying for our protection, as members of the armed forces of our Army and Navy, on the battle fronts in the present Global War.

The resolution is the result of a meeting of the Military Members In Service Committee, to which the local Chapter of the Military Order of the World War was invited to attend at the St. Francis Hotel on July 28, 1942. At this meeting, Colonel Warren J. Clear, U. S. Army, Retired, who was a member of General MacArthur's Staff in the Philippines, rendered a remarkable address, entitled: "Relief For the Victims of Bataan."

WHEREAS, The plight of the American soldiers made prisoners of war in the Philippine Archipelago is such as to arouse the deepest sympathy and concern of the American people; and

WHEREAS, These men have been ravaged by bacillary dysentery; amoebic dysentery, beriberi, scurvy, and other diseases induced by lack of food and conditions of tropical warfare; and

WHEREAS, Their physical condition since capture must have continued to deteriorate because of lack of medicines, vitamins, and foods essential to occidental well-being; and

WHEREAS, No alleviation of their plight can be effected through any humanitarian appeal to the Japanese military authorities who are obligated under international conventions only to provide these men with the ration of the common Japanese soldier; and

WHEREAS, It is represented to us by competent testimony that food and medical shipments to these men may be safely forwarded through the American Red Cross and the Imperial Japanese Red Cross, with reasonable assurance of delivery to our prisoners; be it

Resolved, That the Commonwealth Club of California, acting through its Board of Governors on the recommendation of its Military Members in Service Committee, records its unqualified support to the movement organized to gather and forward supplies for our American soldiers and nurses who are now war prisoners; and be it

Resolved, That the Commonwealth Club not cease to urge upon the appropriate agencies of the Government and the American Red Cross the vital needs of these men and the urgent necessity of continuing relief shipments to the officers, nurses, and the men who so gallantly upheld the highest traditions of the armed forces of the United States and through whose heroic sacrifices we continue to enjoy a freedom and privileges in sharp contrast to their present desperate situation.

CAPTAIN JOHN F. MARTIN, M.R.C.
Adjutant, San Francisco Bay Chapter, Military Order of the World War.

Concerning Basic Science Law for California

Mayo Clinic
Rochester, Minnesota

Dear Doctor Kress:

I greatly enjoyed reading the proof of the editorials concerning legislative activities in California. It seems to me you have stated the subject in a very clear and logical manner and it should act as a valuable guide and stimulus to legislative activity on the part of California physicians. I certainly wish you well in your efforts to pass a Basic Science law. We, in Minnesota, who have gone through the mill, can now afford to sit back and look on. If you wish any testimonials from Minnesota as to how the bill has affected the best interests of the public, we will be glad to make statements to that effect. It has greatly simplified the methods of controlling quackery and isms. It is too bad you did not have such a bill passed in California long ago.

With best wishes, I am,

Sincerely yours,
WILLIAM F. BRAASCH.

Concerning Tuberculosis Supplement in July Issue of C. & W. M.

CALIFORNIA TUBERCULOSIS ASSOCIATION

Dear Dr. Kress:

I have just had an opportunity to look over the Tuberculosis Supplement which was published in the July issue of CALIFORNIA AND WESTERN MEDICINE. I think you and your editorial staff did an unusually fine job in preparing the material for publication. I am sure that those of us who are interested in tuberculosis will find many opportunities to refer to these articles now that they are recorded in permanent form.

It is the hope of the Association that many of the articles will prove of interest to general practitioners and others over the State who are not limiting their work to diseases of the chest.

On behalf of the State Association, I wish to thank you for your splendid coöperation and express the hope that this pleasant relationship may be continued in future years.

45 Second Street.

Sincerely yours,
(Signed) REGINALD H. SMART, *President.*

We owe it to ourselves to try to understand what is going on in the world and to prepare to carry on into the future the greatest values which the human race has found.—*Dr. Ada L. Comstock.*

NOMINEES FOR CALIFORNIA LEGISLATURE (Additions)

A tentative list (almost complete at time of the writing), of candidates nominated for California State Senate and Assembly appeared on pages 224-225 of the September issue. Additional names, since received, are given below.

California Senate

District Number	*Name of Candidate and Residence*	*Party Nomination*
24	George Hatfield, Merced. Rancher	(Republican)
24	Elmer B. Maze, 804 20th St., Merced. Rancher	(Democrat)

California Assembly

District Number	*Name of Candidate and Residence*	*Party Nomination*
10	Harold F. Sawallisch, Richmond. Incumbent	(Democrat)
17	Edward J. Carey, 4506 San Pablo, Emeryville. Insurance Broker	(Democrat and Republican)
28	R. W. Sturtevant, 2296 3rd St., Palo Alto	(Democrat)
28	Raup Miller, 2237 El Camino Real, Palo Alto. Insurance	(Republican)
30	Ralph M. Brown, 915 Carolyn Ave., Modesto. Attorney	(Democrat)
30	Stewart W. Conover, Turlock. Rancher	(Republican)
36	C. L. Guthrie, 627 Mill St., Porterville. Cattleman	(Democrat and Republican)
46	Glenn M. Anderson, 582 N. Hawthorne Blvd., Hawthorne. Mayor	(Democrat)
46	Chas. E. VanDer Oef, 551 Acacia Ave., Hawthorne	(Republican)
73	Frank C. Russell, Crestline. Incumbent	(Democrat)
73	Douglas P. Armstrong, Redlands. Rancher and Lawyer	(Republican)
74	Clyde A. Watson. 273 N. Harwood St., Orange. Incumbent	(Republican)
74	Ross H. Boyd, 1429 N. Bristol, Santa Ana	(Democrat)

deal of "back-tracking" and "side-tracking" inquiry in the territory between these two points established the probable route taken and brought to light a large number of known or strongly suspected animal contacts. The owners of 24 of these chose to have them destroyed, and the remainder were placed under quarantine.

Within a period of 5 months and 7 days, 21 animal contacts of the original rabid dog developed rabies. Of this number, 20 were dogs and one was a cat. Only four had rabies of the "furious" type, 17 being cases of "dumb" rabies. The incubation periods varied from 10 days to 5 months and 7 days, but all except one of the cases developed within 8 weeks or less, and all except four within 30 days or less. There were no known human contacts of the original case, but there were 11 human contacts of 6 of the secondary cases.

MAP OF PROBABLE ROUTE

The accompanying map gives a graphic picture of the probable main route traveled by the original rabid dog and of the consequences of his menacing journey, and may perhaps convey a sketchy idea of the amount and type of work necessary to trace the contacts and bring them under control. No map, however, can show the fact that many people still doubt the existence of such a disease as rabies and consequently will do nothing to help an investigator trace possible rabies contacts, and the additional fact that many others, wanting to keep their pets and hoping that they may escape infection even though bitten by a rabid animal, conceal the knowledge of these having been contacts, with the mistaken idea that if this knowledge were divulged the pets would be destroyed. These two facts, together with the "stray dog" situation, make the rabies control problem unusually difficult with us here in Los Angeles County.

Los Angeles County Health Department,
808 North Spring Street.

California Heart Association Announces Annual Lecture Courses.—The guest speaker will be T. Duckett Jones, M. D., of Harvard University Medical School. One of his major topics will be an unpublished report on a ten-year study of one thousand cases of rheumatic fever. Additional information may be secured through the San Francisco, Los Angeles and San Diego County Medical Societies.

The *San Francisco Heart Association* meetings will be held on November 5th, 6th and 7th, in connection with University of California and Stanford Hospitals.

The *Los Angeles Heart Association* will present its sessions on November 12th and 13th, in connection with the Los Angeles County General Hospital and the Los Angeles County Medical Association.

On November 10th, the *Heart Committee of the San Diego County Medical Society* will give a dinner meeting.

U. S. Court Will Review A.M.A. Case.—Washington, Oct. 12. (AP.)—The Supreme Court agreed today to review the anti-trust law conviction of the American Medical Association and the District of Columbia Medical Society with its question of whether the practice of medicine is a "trade" within the meaning of the Sherman Act.

The medical societies were convicted in May, 1941, of conspiracy to restrain trade in the District of Columbia, in violation of the Sherman Act, through activities allegedly aimed at Group Health Association, Inc., a coöperative organization designed to procure low-cost medical treatment for its members, mostly Government employes. Among other acts, the societies were alleged to have sought to foster a boycott of physicians connected with the coöperative.

The A.M.A. was fined $2500 and the local society $1500

Twenty individuals indicted with the organizations were acquitted by the jury.—San Francisco *Chronicle*, October 13.

Armed Forces to Total of 7,500,000 Men in 1943: Medical Personnel Will be Needed.—Washington, D. C. dispatches (INS), dated October 14, contained the information quoted below. With seven physicians needed for every 1,000 soldiers (7,000 physicians for every one million men) a total of 50,000 physicians must be attached to the Medical Corps of the armed forces, if needs of the proposed army of 7,500,000 are to be adequately protected:

In urging the draft of 18 and 19 year old youths, Secretary of War Stimson told the House military affairs committee that the United States is planning for an Army of 7,500,000 men in 1943, including an air force of 2,200,000, and General George C. Marshall declared before the Senate committee that the chief aim is to keep the war outside the western hemisphere by creating a strong "offensive striking force."

Older Men "Burden"

General Marshall declared that the older draftees were "a burden to the Army" and that he wants to send them back home.

Both the secretary and the general said the Army of 7,500,000 is planned for the end of 1943 and that youths of the 18 and 19 year groups will be needed to bring this about.

Asserting that he wanted to eliminate the confusion which has been created by "unapproved estimates not from the Army itself," the secretary of war said:

"We are planning to build up in 1943:

"1. The largest air force, with sustaining units, which production and transportation will permit, and our estimate is that it will be composed of 2,200,000 men. If there are any changes it will be revised upward.

"2. We are planning to train and equip large ground units that can be transported overseas, and we expect them to be composed of 3,300,000 men. This figure includes units now already overseas.

"3. We estimate that there also will be 1,000,000 men in training or engaged in training others in the service of supply.

"4. There will be an additional 1,000,000 men actually in the service of supply.

"There are now in the Army 4,250,000 men, already inducted.

"So, adding together those we now have plus those we intend to have, we will have a force by the end of 1943 of 7,500,000 men."

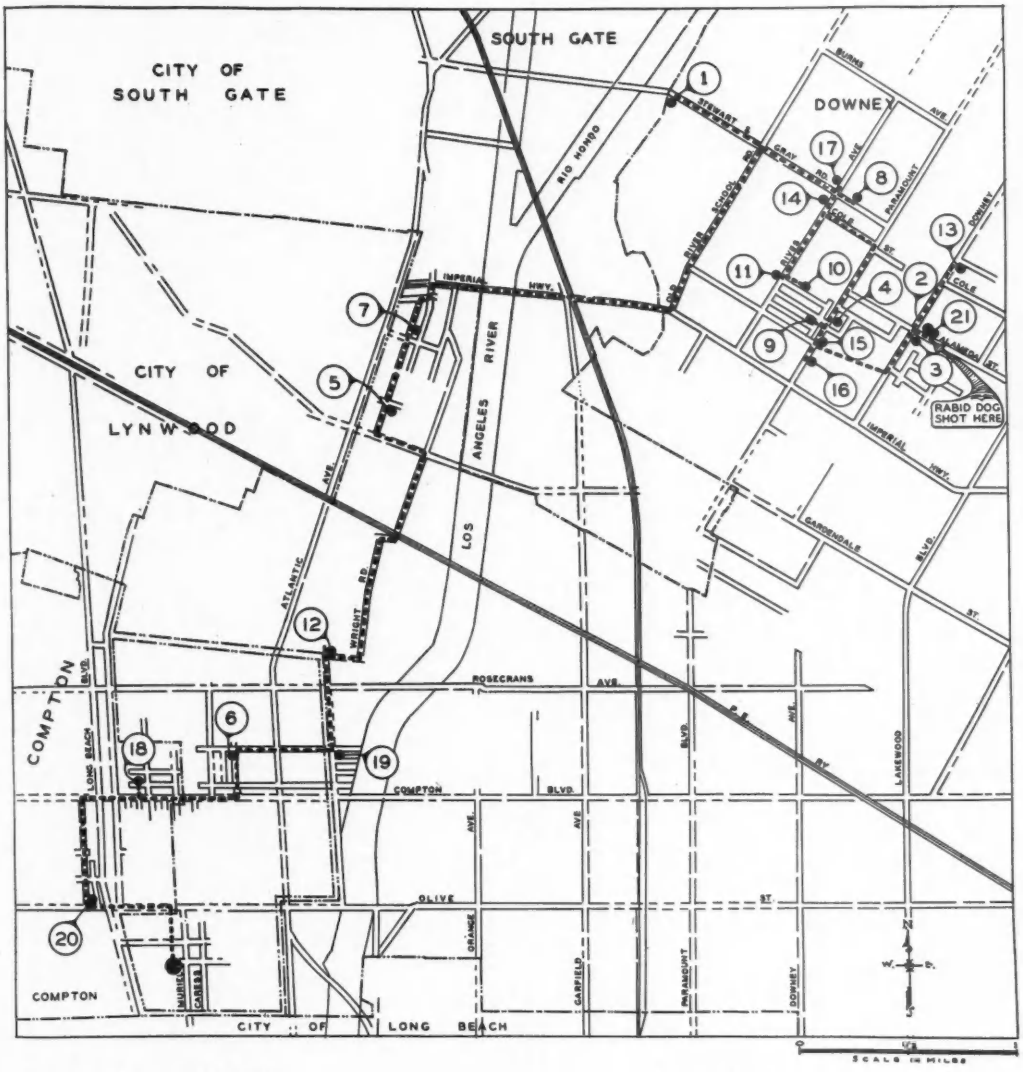
And in the end, through the long ages of our quest for light, it will be found that truth is still mightier than the sword. Because out of all the welter of human carnage and human sorrow and human weal the one great indestructible thing that will always live on is a sound idea.—*Gen. Douglas MacArthur.*

Always examine the exact spot of which the patient complains.—*E. P. Hanes.*

The three P's of Spinal Cord Tumor: "Pain, paresthesia and paresis."

Snap diagnoses are like gold plating — shiny but shallow.

SEE HOW RABIES SPREADS!



● HOME OF A RABID DOG

ROUTE TRAVELED BY THIS RABID DOG

(1), (2), ETC. - LOCATIONS OF SECONDARY CASES OF RABIES.
THE NUMBER IN THE CIRCLE SHOWS THE ORDER OF THE CASE IN POINT OF TIME OF ONSET.

Explanatory Note Concerning Chart "See How Rabies Spreads"

Diagram to illustrate the area in which 20 dogs were bitten by one rabid dog.

The probable route (as shown on the above chart, of a street area in the city of Los Angeles), taken by the original rabid dog during a period of about 48 hours amounted to at least 12 miles, and included some fairly short sections known to have been traveled twice. Of the 21 rabid animals, victims of the original rabid dog, and the locations of whose homes of owners are shown on the chart, seven dogs were bitten on May 14, twelve on May 15, and two on the morning of May 16.

Generally speaking, although there were several exceptions, the bites were more frequent and more severe as time went on during the forty-eight hours, and as the "furious" symptoms of the original rabid dog's disease became more marked. The first four dogs bitten by the rabid animal, to show symptoms, occurred in animals that were among the latest and most severely bitten.

The correlation between severity of bite and shortness of incubation period was striking throughout the group of secondary cases (twenty dogs in all, bitten by the figure twenty and the word Compton), is shown in the original rabid dog (on Muriel Street almost opposite the original rabid animal). The home of the owner of the left lower corner.

TWENTY-FIVE YEARS AGO†

EXCERPTS FROM OUR STATE MEDICAL JOURNAL

Vol. XV, No. 10, October, 1917

EXCERPTS FROM EDITORIAL NOTES

The Maintenance of Indemnity Defense Fund.—The initial assessment for the organization of the Indemnity Defense Fund [of the California Medical Association] was fixed at $30.00, one-half to be paid in cash upon subscription, and the balance by note due one year thereafter. In fairness to those who joined the Fund promptly, it was necessary to fix a limit upon this method of payment, and, therefore, December 31, 1917, was settled upon as the last maturity date for notes covering the deferred payment. In other words, a member joining the Fund at any time subsequent to January 1, 1917, paid $15.00 in cash and the maturity date of the note given by him was December 31, 1917, no matter at what date he came in, and, of course, this rule obtains for all members joining at any time up to December 31, 1917.

Commencing January 1, 1918, the Council has decided that the full initial assessment of $30.00 be paid in cash. This ruling is, of course, dictated by the interests of those who have been prompt in becoming Contributing Members.

Despite what has been said and written upon the subject, we are still in receipt of many inquiries on the subject of assessments, and particularly as to whether or not these assessments will be levied regularly each year. This is not the intention, nor the design of the Fund. . . .

Nostrums and Quackery.—Under the heading of Notices there appears in this issue a list of the A.M.A. publications concerning nostrums and quackery. The list includes much spicy reading, and much that is disgraceful to any modern, civilized country. The mere repetition of it all is nauseous, yet the public, including the doctors, must know what is going on, and without publication, this cannot be. Therefore the publication. No other reason would justify it. And still in spite of the publication of these and similar exposés, the newspapers of California reek of nostrums, many of them of proved worthlessness, and smell to high heaven with the stench of abortionists, and beauty doctors (save the name!), and quacks of the most brazen sort. If the people really want such muck, are they entitled to get it? And again, do they want it? Would it pay to have a California newspaper free from such advertising? Would it be good business for commercial bodies to purge the press at least in part of such advertisements? Would there be any possible effect on strangers and prospective tourists and investors? We think there would. Think it over, and decide if such be the case, why the physicians of each town and city should not take the lead in purifying the public press of the state of nostrum, quack, charlatan and plain abortionist advertising.

EXCERPTS FROM ORIGINAL AND OTHER ARTICLES

From an Article on "The Basis for Medical Examination in the Army." [October, 1917.]—Perhaps it were well at this time, when the decision of rejection or acceptance of drafted men rests in the hands of civilian

(Continued in Back Advertising Section, page 24)

† This column strives to mirror the work and aims of colleagues who bore the brunt of Association activities some twenty-five years ago. It is hoped that such presentation will be of interest to both old and new members.

BOARD OF MEDICAL EXAMINERS OF THE STATE OF CALIFORNIA†

By CHARLES B. PINKHAM, M.D.

Secretary-Treasurer

News

"Dr. Juno N. Garner, 36-year-old osteopathic physician and surgeon of 3958 W. 111th St., Hawthorne, was held in the County Jail yesterday on a charge of performing an illegal operation. Dr. Garner denied any illegality. Bail was set at $1500 and arraignment scheduled for 10 a.m. today in Division 4, Municipal Court." (Los Angeles *Times*, August 11, 1942.)

"The California Business Women's Council was on record today as advocating immediate use of women physicians and surgeons in the United States armed forces. . . ." (U.P. Dispatch dated Riverside, August 4, printed San Francisco *News*, August 4, 1942.)

"Governor Olson today named Dr. F. O. Butler, medical superintendent of the Sonoma State Home, to serve as acting director of the State Department of Institutions, pending selection of a permanent director. . . . Butler succeeds Dr. Aaron J. Rosanoff, whose resignation was effective August 1. . . ." (San Francisco *Examiner*, August 7, 1942.)

"Dr. A. M. Lovaas' appeal to the superior court from a conviction in the Santa Ana justice court on a charge of violation of the state medical practice act was lost this week, when Judge Kenneth E. Morrison upheld the decision of the lower court. Dr. Lovaas was tried before a jury in Justice Howard Cameron's court, and fined $250 on November 28, 1941, after he was found guilty on two of three counts brought against him. His appeal has been pending since. In upholding the lower court, Dr. Lovaas is now required to pay the fine or carry an appeal to Appellate Court, which he has indicated he will not do. Basis for the prosecution of Dr. Lovaas was an alleged treatment of E. W. Leuenberger, to whose tonsils Dr. Lovaas allegedly applied an electrode. Judge Morrison held that '. . . electrical treatments constitute the practice of medicine and surgery.' He went on to explain that California law provides that chiropractic deals with placements of vertebrae for relief of pressure on nerves. Principal ground for appeal by Dr. Lovaas, who was represented by Attorneys Harry Westover of Santa Ana and S. B. Kaufman of Anaheim, was that electrode treatment of this nature was taught in the chiropractic school he attended. There was no contest on the point that the electrode treatment was applied, Dr. Lovaas contending his right to practice such a system." (Santa Ana *Independent*, May 28, 1942.) The records show Dr. A. M. Lovaas is licensed by the Chiropractic Board.

"Speeders may come in for trouble before local tire-rationing boards, according to reports from State headquarters. Rationing boards' denials of tire purchase certificates to speeding or reckless drivers are authorized in a new OPA ruling covering the five western states.

(Continued in Back Advertising Section, page 32)

† The office addresses of the California State Board of Medical Examiners are printed in the roster on advertising page 6. News Items are submitted by the Secretary of the Board.